

## INDIVIDUAL DEATH CLAIM FORM

The Claimant's statement form must be filled by the claimant / beneficiary under the policy or by the legally entitled person

Policy number(s): .....

Claimant Name: ..... Date: .....

Mobile number: ..... Alternate Mobile number: .....

MANDATORY DOCUMENTS REQUIRED FOR MAKING A CLAIM	SUBMITTED	
Duly filled and signed Claimant Statement Form	Yes	No
Copy of Death Certificate of the Life Assured, issued by government authority	Yes	No
Claimant address proof*	Yes	No
Claimant photo identity proof*	Yes	No
Recent photograph of the claimant	Yes	No
Pan card / Form 60 of the claimant	Yes	No
Duly filled and signed Payout mandate form with bank account details of the claimant	Yes	No
Copy of cancelled cheque / bank statement / bank passbook with printed account number and name of the claimant**	Yes	No

\* Any one of the officially valid documents such as Aadhar Card, Passport, Driver's License, Voters ID

\*\* As per the regulatory requirement, all payouts under an insurance policy are required to be processed electronically in the bank account of the policyholder / nominee / assignee as applicable.

MANDATORY DOCUMENTS REQUIRED BASED ON CAUSE OF DEATH		
A. In case of death due to Unnatural causes such as Accidents (Road/Rail/Air etc), Murder, Suicide, etc.,		SUBMITTED
Medico-legal / Medical cause of death certificate	Yes	No
First Information Report (FIR) from the police authority	Yes	No
Inquest/ Panchnama Report	Yes	No
Final police investigation report	Yes	No
Post Mortem Report (PMR) issued by the hospital	Yes	No
Viscera / Chemical examination report	Yes	No
Newspaper Cutting, if any	Yes	No
Driving License (of the Life Assured driving the vehicle in case of death due to a road accident)	Yes	No
Hospitalization / treatment records if any	Yes	No
Duly filled in Medical/ Hospital Attendant Certificate	Yes	No
Duly filled in Employer Certificate (only if Life Assured was a salaried individual)	Yes	No

B. In case of death due to natural or medical causes (death at home or hospital)		SUBMITTED
Medico-legal / Medical cause of death certificate	Yes	No
Past medical records and treatment papers	Yes	No
All hospitalization records of the Life Assured such as:		
• Admission form	Yes	No
• Indoor Case Papers (ICPs)	Yes	No
• Discharge summary	Yes	No
• Diagnostic test reports such as USG, Pathology / Lab reports etc.,	Yes	No
Duly filled in Treating Doctor Certificate	Yes	No
Duly filled in Medical/ Hospital Attendant Certificate	Yes	No
Duly filled in employer certificate (only if Life Assured was a salaried individual)	Yes	No

## INSTRUCTIONS FOR FILLING THE FORM

### A. IMPORTANT INFORMATION (Please read before filling the form)

- Incomplete claim form and submission of partial documents is the main reason for delay in claim settlements. We therefore request you to update all the details as required in the Claim Form and also submit all the mandatory documents.
- We recommend that this form be filled & signed by the Claimant himself/ herself, as the information / details in the claim form required are critical for claim processing, unless-
  - In case the Nominee under the policy is minor, Guardian/ Appointee may fill the Form and Guardianship Certificate to be submitted along with valid age proof of Claimant in addition to the documents mentioned on page 1.
  - In the event of death of the Nominee/ Proposer under the policy, Legal Heir of the Nominee/ Proposer/ Life Assured as the case maybe, shall submit a claim by providing any one of the following additional mandatory documents:
    - Nominee's Death Certificate along with Succession Certificate, OR
    - "Will" of the Life Assured or the Nominee, OR
    - Notarised Indemnity along with Affidavit of Rs 600/- (other than state of Maharashtra. For Maharashtra, affidavit of Rs. 1,000/- shall be required) and Family Tree Certificate/ Legal Heirship Certificate from the current claimant along with No Objection Certificate from the remaining Legal Heirs, OR
    - Final Court order, if any
- Please update and provide correct address, valid/active phone number, email ID of the Nominee as claim related communications/ correspondence will be done by the Company through these contact details.
- If the Life Assured holds more than one policy, and if:
  - Claimant is same under all policies;** one Claim Form is sufficient for claim registration. All the policy numbers should be mentioned in the same claim form.
  - Claimant is different under multiple policies,** then separate Claim Forms along with KYC and other mandatory documents as mentioned on page 1, will be required from each claimant.
- If multiple nominees are nominated under a single policy and multiple claimants register a claim under the same policy, each Claimant shall be required to submit a separate claim form along with KYC and other mandatory documents as mentioned on page 1.
- 'No Objection Certificate'/ 'Loan Closure Statement' from the Financial Institution is also a mandatory document required for the purpose of calculating the claim benefit in addition to the documents mentioned on page 1.
- For NRI customers, below mentioned mandatory documents will be required to be submitted in addition to the documents mentioned on page 1.
  - Embalming Certificate – This is required if, on death, the body has been embalmed. Embalming means preserving the dead body for a longer duration. Embalming Certificate is issued by the embalming establishment.
  - No Objection Certificate (NOC) from relevant Government Authorities for transfer of dead body of the Life Assured
  - Translation of all documents (if original documents are not in English)
- Please read the declarations carefully before signing. The claimant should sign the Claim Form in the same manner as he/she would normally sign their cheque. It is the claimant's responsibility to ensure that the signatures on all documents are accurate and consistent.
- Please refer to the policy document or visit Company website for complete list of mandatory documents required to be submitted.
- Turnaround time for claim processing and settlement will start only after receipt of all mandatory documents.
- Company reserves the right to call for further documents incase the details or information provided in relation to the claim is found to be incorrect / incomplete.
- No fee or commission should be paid to anyone for claim registration / processing.

### B. KYC (Know Your Customer) DOCUMENTS (of the Claimant):

Below mentioned documents are considered as KYC documents.

- |                                                                        |                    |
|------------------------------------------------------------------------|--------------------|
| • Address Proof (Aadhar Card#, Passport, Driver's License, Voters ID)  | Recent Photo       |
| • Identity Proof (Aadhar Card#, Passport, Driver's License, Voters ID) | Pan Card / Form 60 |

### C. CLAIMANT NEFT MANDATE / BANK ACCOUNT DETAILS

- As per the regulatory requirement, all payouts under an insurance policy are required to be processed electronically in the bank account of the Policyholder / Nominee / Assignee as applicable.
- A cancelled personalised cheque with the account number and IFSC code should be submitted along with the Payout mandate.
  - If the cheque is not personalised, the latest bank statement or copy of passbook (where account number and IFSC code are mentioned) should be submitted along with the Payout mandate.
  - If the account in which the claim proceeds are requested is a joint account held with person/ individual other than the Life Assured, then declaration from Nominee authorising the Company to initiate payout in a joint account is required.
  - In case of more than one Claimant under the same policy, then separate Payout mandate along with cancelled personalised cheque with the account number and IFSC code should be submitted by each claimant.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the Life Assured/ Policyholder with ICICI Prudential Life Insurance Co. Ltd.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold and request to submit a fresh payout mandate will be processed via cheque.
- Claim proceeds to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as evidence for premium(s) paid through NRE account. In case of proportionate payout, please provide two payout mandates i.e. for NRE account and non-NRE account.

### CONTACT US:



**Call 24X7 Claim helpline:**

1800 2660 (For calls within India)  
+91 8069385555 (For calls outside India)



**Email us:**

claimsupport@iciciprulife.com



**Chat on WhatsApp:**

Type 'Claim' and send  
to 9920667766



**Visit our branch:**

To Locate  
[www.iciciprulife.com](http://www.iciciprulife.com) → contact us

## INDIVIDUAL DEATH CLAIM FORM

The Claimant's statement form must be filled by the claimant / beneficiary under the policy or by the legally entitled person

### For Official Use Only

Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Interaction ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Code: \_\_\_\_\_ Sign: \_\_\_\_\_

Nominee name: \_\_\_\_\_

(Nominee name should match with name mentioned in policy certificate/System)

Policy status: \_\_\_\_\_

SPAARC call ID: \_\_\_\_\_

Please scan the documents in FileNet under Claim service documents

Other (Please specify) \_\_\_\_\_

Date DD/MM/YYYY Time: ☐ On or Before 3PM ☐ After 3PM

Photograph  
of Claimant  
(mandatory)

STAMP & TIME

### SECTION A\*

POLICY NUMBER (s) (Please mention all policy numbers with ICICI Prudential Life Insurance Co. Ltd.)

### SECTION B\*

#### DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: ☐ Mr. ☐ Ms. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Husband's Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: ☐ Hospital ☐ Clinic ☐ Residence ☐ Office ☐ Other (Please specify) \_\_\_\_\_

Last treated/attended Doctor: Name \_\_\_\_\_ Registration No. \_\_\_\_\_ Contact No. \_\_\_\_\_

Family Doctor: Name \_\_\_\_\_ Registration No. \_\_\_\_\_ Contact No. \_\_\_\_\_

Last Employer details (If applicable): \_\_\_\_\_

Name of the Company \_\_\_\_\_ Contact person \_\_\_\_\_ Contact No. \_\_\_\_\_

Address: \_\_\_\_\_

Designation: \_\_\_\_\_ Last working date \_\_\_\_\_

Nature of Death ☐ Medical ☐ Natural ☐ Accident ☐ Murder ☐ Suicide Cause of Death \_\_\_\_\_

#### Details related to past illness or illness leading to death

Illness	Cancer	Heart disease	Liver disease	Kidney disease	Lung disease	Hypertension / Diabetes	Others (Please provide details of illness)
Date of diagnosis							

#### Habit related details

Smoking		Tobacco intake		Drug intake	
Duration	Quantity	Duration	Quantity	Duration	Quantity
_____	_____	_____	_____	_____	_____

Any hospitalisation/ illness in last 5 years ☐ Yes ☐ No If yes, please specify \_\_\_\_\_

Name of treating doctor / Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Diagnosis date: \_\_\_\_\_ Admission date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Did the Life Assured suffer /treated from Covid 19? ☐ Yes ☐ No

If yes, date of diagnosis: \_\_\_\_\_ If hospitalisation, date of hospitalisation \_\_\_\_\_

Name & Address of Police Station where FIR was lodged (if any): \_\_\_\_\_

Other Insurance details: (Life/Mediclaim/Health)			
Policy No.	Company Name/TPA	Sum Assured	Policy Status / Claim Status

DETAILS OF CLAIMANT

Claimant Name: ☐ Mr. ☐ Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Communication address or the permanent address should match with address proof provided)

Communication \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Pincode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Telephone with STD code: \_\_\_\_\_ Alternate Mobile number: \_\_\_\_\_

Office & / or Personal Email ID: \_\_\_\_\_

What's app opt in : ☐ Yes ☐ No Convenient time to call: \_\_\_\_\_

☐ By submitting my details, I override my NDNC registration and authorise ICICI Prudential Life Insurance and its representatives to contact me through call, SMS, WhatsApp and E-mail. I further consent to share my information on confidential basis with third parties for evaluating and processing this proposal.

Permanent \_\_\_\_\_  
address: \_\_\_\_\_  
\_\_\_\_\_

Pincode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Nationality: \_\_\_\_\_

Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents ☐ Others \_\_\_\_\_

Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary

Claimant's PAN details:           Or ☐ Form 60

Politically exposed person: ☐ Yes ☐ No US Person: ☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)

CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS (Submit along with cancelled cheque copy)

Bank Account No.: \_\_\_\_\_  
(as mentioned in Bank Account)

Account Holder Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE

IFSC: \_\_\_\_\_ MICR: \_\_\_\_\_

Note: In case of children's plans, if beneficiary is a major, please provide beneficiary's account details

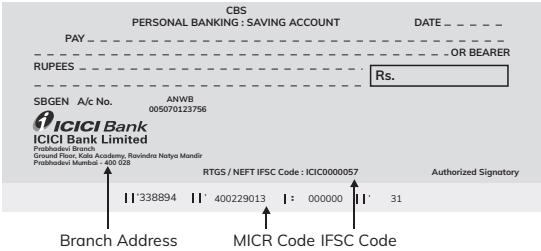
The payout mode selected in this form would be used by the Company to make all payout(s) to the claimant. Payouts would be in accordance and subject to the terms and conditions of the policy. Further the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque despite of opting for electronic payout method. Responsibility of providing IFSC code lies with the customer. Please note that IFSC code for RTGS & IFSC code for NEFT may be different. I will not hold ICICI Prudential Life Insurance Company Ltd. responsible in cases of non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete / incorrect information.

x

Signature / Thumb impression of the claimant

Place:\_\_\_\_\_

Date:\_\_\_\_\_



**CLAIMANT BENEFIT PAYOUT OPTION (wherever applicable as per product terms and conditions)\***

Please select Payout Options at claims stage (if any change required)			
Benefit Option opted at issuance	Applicable for Products: ICICI Pru IProtect Smart		
(a) Income Option	<input type="checkbox"/> As opted at policy inception	<input type="checkbox"/> Advance 1st year's income as lump sum and remaining in monthly instalments	<input type="checkbox"/> Lump sum (*Present value of future payouts)
(b) Increasing Income Option	<input type="checkbox"/> As opted at policy inception	<input type="checkbox"/> Advance 1st year's income as lump sum and remaining in monthly instalments	<input type="checkbox"/> Lump sum (*Present value of future payouts)
(c) Lump sum and Income Option	<input type="checkbox"/> As opted at policy inception	Not Applicable	<input type="checkbox"/> Lump sum (*Present value of future payouts)
(d) Lump sum Option	<input type="checkbox"/> As opted at policy inception	Not Applicable	Not Applicable
Note	1) If the instalment payment is less than the minimum instalment amount, the claim proceeds shall be paid in lump sum only. 2) Change in benefit option at claims stage is not applicable if benefit option "Lump sum" is chosen at the start of the policy		

Benefit Option opted at issuance	Applicable for Products: ICICI Pru IProtect Return of Premium	
(a) Income Option	<input type="checkbox"/> As opted at policy inception	<input type="checkbox"/> Lump sum (*Present value of future payouts)
(b) Lump sum and Income Option	<input type="checkbox"/> As opted at policy inception	<input type="checkbox"/> Lump sum (*Present value of future payouts)
(c) Lump sum Option	<input type="checkbox"/> As opted at policy inception	Not Applicable
Note	1) If the instalment payment is less than the minimum instalment amount, the claim proceeds shall be paid in lump sum only 2) Change in benefit option at claims stage is not applicable if benefit option "Lump sum" is chosen at the start of the policy	

Benefit Option opted at issuance	Applicable for Products: ICICI Pru Lakshya Wealth, ICICI Pru Lakshya Lifelong Income
Instalment period	<input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 years
Mode of Instalment payment	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly
Percentage of Income	.....%
Note	Percentage of income can be taken from 1% to 100%

Please select the options (Mandatory for all ULIP pension plans)	
Only applicable for ULIP pension products	<input type="checkbox"/> Entire amount as Lump sum <input type="checkbox"/> Entire amount as Annuity <input type="checkbox"/> Part as annuity <input type="checkbox"/> Part as Lump sum

Benefit Option opted at issuance	Applicable for Products: ICICI Pru IProtect Smart Return of Premium , ICICI Pru Iprotect Supreme/ICICI Pru Iprotect Super/Guaranteed Pension Plan flexi (Applicable for plans with Risk Commencement Date effective from 1st October 2024 )			
Payout option	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Income	<input type="checkbox"/> Lump sum and income	<input type="checkbox"/> As opted at policy inception
Percentage of Income (if income or lump sum and income option is selected)	Not Applicable	.....%	.....%	Not Applicable
Mode of income Instalment payment (if income or lump sum and income option is selected)		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly	
Note	1. Lumpsum Death Benefit: Under this option the entire Death Benefits shall be payable to the claimant in lumpsum. This shall be the default option of payment of death benefit in case no other option is exercised by the time of registration of claim. 2.a. Death Benefit as Income for a fixed period: Under this option, the death benefit shall become payable in form of structured regular income over a period of 5 years 2.b. Proportion of death benefit as income: This option can be opted for full, or part (< 100%) of death claim proceeds payable under the policy. In case only part of the death benefit is chosen to be taken as income, the balance amount will be paid in lumpsum at the time of acceptance of the claim.			

## DECLARATION AND AUTHORISATION

- I hereby declare that all the details filled/furnished above are true and correct to the best of my knowledge and belief
- I hereby warrant the truth and correctness of the foregoing particulars in every respect, and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim the benefits under the policy shall be forfeited.
- I understand and agree that the submission of this form is not to be considered as acceptance of the claim.
- I understand that any payout under the policy shall be strictly made in accordance with the policy terms and conditions.
- Any payment shall be subject to realisation of the last renewal premium payment.
- I voluntarily provide my consent to use my Aadhaar to conduct identity check towards KYC compliance by ICICI Prudential Life Insurance Co. Ltd.
- Notwithstanding any consent provided previously or any provisions of any law, usage, custom or convention for the time being in force prohibiting any physician or Hospital from divulging any knowledge or information acquired by him/them in attending upon or examining the Life Assured on the ground of secrecy, I hereby authorise all the medical establishments (including medical labs), government institutions (such as police, revenue departments, etc.) to share any medical information including the treatment related to HIV/AIDS and other conditions related to the Life Assured to ICICI Prudential Life Insurance Co. Ltd. or in the court of law, as required. This authorization applies to information obtained both before or after the issuance of policy.
- A photocopy of this declaration shall be considered as valid and effective for the purpose of obtaining all records including medical treatment / death of the Life Assured.
- I authorise and provide my consent to ICICI Prudential Life Insurance Co. Ltd. to share and obtain information/ documents (including photocopies) on behalf of me with any Reinsurer, Insurance Association, Medical Authorities, Other Insurers, Statutory Authorities, Employer, Business Associates, Court, Governmental Body, Regulator, etc using an investigation agency or vide any other mode.
- I hereby provide my consent and authorize ICICI Prudential Life Insurance Co. Ltd. to use my PAN details and other information provided by me/us in this claim form to register/update/download/verify my/our KYC documents on/from the CERSAI\* CKYC portal for processing this claim, any future applications, or any other requests. I/We understand that only the acceptable officially valid documents would be relied upon for processing any requests/applications. (\*Central Registry of Securitization and Asset Reconstruction and security Interest of India)
- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that ICICI Prudential reserves the right to take appropriate action. I/we hereby consent to receiving information from Central KYC Registry through SMS/ Email on the registered number/email address.

Signature/Thumb impression of the claimant/Nominee		Name & signature of the witness	
		Mobile number of the witness	
Mobile number of claimant / Nominee		Witness's relationship with claimant	
Date		Place	

## Declaration to be made by a third person in case form is filled/ signed in vernacular language

The claimant has affixed his/ her thumb impression/ has signed in vernacular/ has not filled the application. I hereby declare that the content of this form has been explained to the claimant in \_\_\_\_\_ language and he/she has signed/ affixed his/ her thumb impression in my presence after fully understand the same. I further declare that I have truthfully recorded the details provided to me.

Name of the Declarant: \_\_\_\_\_

Address: \_\_\_\_\_

Place: \_\_\_\_\_

Date: DD/MM/YYYY

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's Email ID: [claimsupport@iciciprulife.com](mailto:claimsupport@iciciprulife.com).



Signature of Third Person

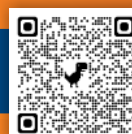
## Note:

- Please submit clear and legible copies of all the documents being submitted for the purpose of claim processing.
- ICICI Prudential Life Insurance Co. Ltd. reserves the right to ask for more information/ documents.



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## AUTHORISATION

To,

The Claims department,

ICICI Prudential Life Insurance Company Limited,

Subject: Authorisation letter from Claimant/Nominee for conducting checks and obtaining documents

Life Insurance Policy Number(s): \_\_\_\_\_

I, Mr./Ms. \_\_\_\_\_ (name), \_\_\_\_\_ (relation) of  
Mr./Ms. \_\_\_\_\_ (name of the Life Assured) hereby authorise "ICICI Prudential Life  
Insurance Company Ltd.", and/or its representative to obtain all records (including photocopies)/information pertaining to the  
Employment, Medical treatment from any Hospital/Clinic/Doctor, or Death or any other records pertaining to  
treatment/occupation/death of the deceased. I grant my unequivocal consent for collection and review of such records by ICICI  
Prudential Life Insurance Company Ltd. This authorisation and consent shall supersede and override any prior consents  
provided for the purpose of obtaining the relevant records of the Life Assured.

Yours faithfully,

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Witness Signature

Name of Claimant \_\_\_\_\_

Name of the Witness \_\_\_\_\_

Date: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_





## ACKNOWLEDGEMENT RECEIPT FOR SUBMISSION OF DEATH CLAIM

Policy number(s) \_\_\_\_\_

Name of the Life Assured \_\_\_\_\_

Name of claimant's \_\_\_\_\_

Branch name & code \_\_\_\_\_ Date DD/MM/YYYY \_\_\_\_\_

Employee name \_\_\_\_\_ Employee code \_\_\_\_\_

STAMP & TIME

### Note:

- The acknowledgment slip should not be construed as acceptance of claim.
- Turnaround time for claim processing will start only after receipt of all mandatory documents.
- Company reserves the right to call for further documents incase the details or information provided in relation to the claim is found to be incorrect / incomplete.
- Please refer to the policy document or visit Company website for complete list of mandatory documents required to be submitted along with the claim form.
- Please submit the forms in Company prescribed formats, as available on the Company Website
- Claim is payable subject to receipt of premiums due under the policy from the insured and fulfilment of all terms and conditions of the policy.
- Any payout under the policy shall be strictly made in accordance with the terms and conditions of the policy.
- Where sum assured is zero (Pension Plans) fund value as on date of intimation of claim is payable
- Claim proceeds can be credited in NRE accounts in proportion to the premiums paid through NRE account subject to valid proofs being submitted in support of premium payment.



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### CONTACT US:

 <p><b>Call 24X7 Claim helpline:</b> 1800 2660 (For calls within India) +91 8069385555 (For calls outside India)</p>	 <p><b>Email us:</b> claimsupport@iciciprulife.com</p>	 <p><b>Chat on WhatsApp:</b> Type 'Claim' and send to 9920667766</p>	 <p><b>Visit our branch:</b> To Locate www.iciciprulife.com→contact us</p>
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