

CLAIM INTIMATION - CUM - CLAIMANT'S STATEMENT (DISABILITY CLAIM)

(Format : AQ)

Guidelines/ Notes:

1. The benefit is payable subject to the policy being in force on the date of event and also subject to the fulfillment of all conditions/ definitions as stated in the policy.
2. Only the person entitled to receive the policy monies under the Policy should fill & sign this form.
3. Submission of this form should not be construed as acceptance of claim.
4. Please submit the form & the requirements at the nearest branch office or the address given below;
ICICI Prudential Life Insurance Company, Claims Department, 4th Floor, Stanrose House,
Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025.
5. Early and complete submission of requirements would enable the company to process the claim at the earliest.
6. Claim against more than one policies may be reported by filling single form & providing all relevant policy nos.

Policy Number(s): _____

1. Details of the Life Assured:

Full Name:	Age at Claim:
Current Residential Address:	Tel. No.:
City/ Town:	Pin Code: State:

2. Details of the Claimant if different from Life Assured (person entitled to receive claim proceeds under the policy):

Full Name:	Date of Birth/ Age:
Current Address:	Tel. No.:
City/ Town:	Pin Code: State:
Residential Status:	<input type="checkbox"/> Resident Indian <input type="checkbox"/> Non Resident Indian (NRI) <input type="checkbox"/> Other
If NRI, please state Country of Residence:	
Relationship with the Life Assured:	<input type="checkbox"/> Self <input type="checkbox"/> Other _____
Nature of title to the Policy monies:	<input type="checkbox"/> Proposer <input type="checkbox"/> Assignee

Requirements to be submitted alongwith this form.

(Please Tick)

1. Original Policy Document	<input type="checkbox"/>
2. FIR/ Panchnama/ Inquest Report	<input type="checkbox"/>
3. Medical Records (admission notes, discharge summary, test reports etc)	<input type="checkbox"/>
4. Copy of Driving License if Life Assured was driving the vehicle at the time of accident	<input type="checkbox"/>
* The following certificates are available at the branch office and should be collected from there:	
5. Treating Doctor Certificate	<input type="checkbox"/>
6. Employer Certificate (in case salaried)	<input type="checkbox"/>
<i>The Company reserves the right to call for additional Documents.</i>	

8. Employment Details:**a. Prior to Disability:**

Name of the Company/ Business:	
Designation of Life Assured:	
Exact nature of the job:	

b. Post Disability:

Is the Life Assured currently employed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
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If yes, then please give following details:

Name of the Company/ Business:		
Designation of Life Assured:		
Exact nature of the job:		
Department:		
Address:		
City/ Town:	Pin code:	Tel No:
If not employed, then date from which the Life Assured stopped working:		
Date by which the Life Assured is expected to return to work:		
Has the Life Assured applied for any jobs? If yes, please mention the nature of job:		

9. Is the Life Assured currently undergoing any rehabilitation program? If yes, please give details such as name of the institute, duration and nature of program:

Name of the Institute	Duration	Nature of Program

10. Particulars of other Life Insurance/ Mediclaim/ Personal accident policies held by the Life Assured:

Policy No.	1	2	3
Name of the company:			
Commencement date:			
Sum Assured:			
Riders opted:			
Year of Claim			
Cause of Claim			
Amount of Claim			
Status of the Claim:			

■ I, _____ do hereby declare that the above statement is true in each & every respect. I hereby authorize any medical attendant or doctor who had attended to the above named Life Assured or employer/ business associate of the Life Assured to provide any information or details as to the state of health and habits of the Life Assured, to the Company, within his/ her knowledge before or after this policy was issued.

	Signature of the witness:
	Name of the witness:
(Signature / Thumb impression of Claimant)	Relationship with the claimant:
Date: _____ Place: _____	Date: _____ Place: _____
Tel No.: _____	Tel No.: _____

Authorization
(To be signed by the claimant)

To,

Life Insurance Policy Number(s): _____

I, Mr./ Ms. _____ (name), _____ (relation) of Mr./ Ms. _____ (name of the Life Assured) hereby give my consent to M/s ICICI Prudential Insurance Co. Ltd., and/ or its representative to obtain all employment/ medical/ hospital records/ other records (including photocopies)/ information pertaining to the treatment/ occupation of the Life Assured as stated above.

Yours faithfully,

Signature of the Claimant

Date:

ELECTRONIC PAYOUT METHODS



Please tick one of the options :

National Electronic Fund Transfer (NEFT) **Electronic Clearing System (ECS)** **Direct Credit (select banks)**

If none of the above options are selected, the default option will be Cheque. Please attach a cancelled copy of your cheque if any of the above payout option is selected.

Full Name of Account Holder

Full Name of the Bank

Branch

Account Type **Current** **Savings** Please select which ever is applicable

Bank Account No

MICR Code (Only mandatory for ECS mode) (9 digit code on your cheque next to cheque no.)

IFSC Code (Only mandatory for NEFT Mode) (You can get this code from your bank)

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.

I declare and state that the Company shall not be responsible for non credit of my bank account for any reason whatsoever or if the credit is delayed. I also understand and agree that the Company reserves the right to use any alternative payout option including a demand draft payable at par or cheque, in spite of my opting for the electronic payout method. I undertake to provide the IFSC code to the company. I understand that the IFSC code for RTGS and IFSC code for NEFT may be different.

I understand and agree that the submission of this Form does not mean or amount to the acceptance of the claim by the company. I further understand and agree that this form will be valid only in the event of the acceptance of the claim by the Company in my favour.

Signature of Claimant

National Electronic Fund Transfer (NEFT) is a fund transfer from one bank branch to another provided these bank-branches are participating in the network system. Indian Financial System Code (IFSC code) for NEFT will be available from the bank branch where you hold your account.

Electronic Clearing System (ECS) is a method of fund transfer where funds are processed through Clearing Houses created by RBI. MICR code can be obtained from the cheque leaf. The credit received will depend on the customer's ECS location.

Direct Credit is a method of fund transfer from one bank to another bank (destination bank) provided ICICI Prudential has a tie-up with the destination bank.

Please contact any of our touch points to know more about any of the Payout Modes mentioned above.