**CLAIM INTIMATION - CUM - CLAIMANT'S STATEMENT**
**(CRITICAL ILLNESS RIDER / MAJOR SURGERY ASSISTANCE RIDER )**
(Format : AP)

***Guidelines/ Notes:***

*1. The benefit is payable subject to the policy being inforce 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 to 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 than the Life Assured (To be filled by 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: ☐ Resident Indian ☐ Non Resident Indian (NRI) ☐ Other<br>If NRI, please state Country of Residence: | |
| Relationship with the Life Assured: | ☐ Self ☐ Other _____ |
| Nature of title to the Policy monies: | ☐ Proposer ☐ Assignee |

| **Requirements to be submitted alongwith this form** | (Please Tick) |
|---|---|
| *1. Original Policy Document* | ☐ |
| *2. All consultation notes in connection with the diagnosis of the illness* | ☐ |
| *3. Admission notes and discharge summary from the treating hospital/ (s)* | ☐ |
| *4. All test reports such as blood test, X - Ray, ECG, CT Scan and surgery notes* | ☐ |
| *** The following certificates are available at the branch office and should be collected from there:** | |
| *5. Certificate by doctor who was consulted first* | ☐ |
| *6. Certificate by treating doctor/ hospital* | ☐ |
| *Note: The Company reserves the right to call for additional Documents.* | |

**3. Claim Details:**

| | |
|---|---|
| Cause of claim (Please mention exact nature of illness/ surgery): | |
| Date of diagnosis of critical illness: | |
| Date of surgery: | |

**4. Details of Consultation, Diagnosis and Treatment:**

| | |
|---|---|
| What were the symptoms that triggered the need to consult the doctor for the first time in connection with the illness/ surgery? | |
| When were these symptoms first evident and what was the duration? | |
| Date on which Life Assured consulted the doctor for the first time for the above symptoms: | |
| Name of the doctor:<br>Address:<br>City/ Town: Pin code: Tel No: | |
| Name of the tests performed: | |
| Date on which tests were performed: | |
| What were the results of these tests? | |
| Name of the laboratory/ clinic/ hospital where these tests were carried out:<br>Address:<br>City/ Town: Pin code: Tel No: | |
| What was the diagnosis made by the doctor? | |
| What was the treatment given by the doctor and for what duration? | |
| Was the Life Assured Hospitalized? | ☐ Y ☐ N |
| Date of admission: | |
| Date and time of surgery: | |
| Exact name of the surgery: | |
| Date of discharge: | |
| Name of the hospital:<br>Address:<br>City/ Town: Pin code: Tel No: | |
| Diagnosis done by hospital: | |

**5. Details of Treatment:**

| Date of the treatment | | Nature of treatment given | Hospital/ Clinic Name, address & telephone no. |
|---|---|---|---|
| From | To | | |
| | | | |
| | | | |
| | | | |
| | | | |

**6. Medical History:**

| Does the Life Assured have any of the following history: □ Yes □ No (If yes, please give details) | | |
|---|---|---|
| Illness | Date of Diagnosis | Name, address & tel no. of Treating Doctor |
| Hypertension | | |
| Diabetes | | |
| Heart related ailment | | |
| Kidney disease | | |
| Neurological disease | | |
| Any other (please specify): | | |
| | | |

**7. Employment Details:**

| Current employer's business name:<br><br>Address:<br><br>City/ Town: Pin code: Tel No: | |
|---|---|
| Designation at work place/ business: | |
| Nature of job/ business: | |
| Date of Pre-employment check-up, if any: | |
| Date of last Annual check-up, if any: | |

**8. Particulars of other Life Insurance/ Mediclaim policies held by the Life Assured:**

| Policy No. | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 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 statements are 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, habits and occupation 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 patient.

Yours faithfully,

_____

Signature of the Claimant Date:

## ELECTRONIC PAYOUT METHODS

ICICI PRUDENTIAL LIFE INSURANCE

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.