

CRITICAL ILLNESS/PD CLAIM FORM



- The Claimant statement form must be filled by the beneficiary under the policy or by the legally entitled person
- Early submission of this form along with the required documents listed below, will enable us to process your claim faster
- To initiate claim processing please submit all documents
- Send all required documents to "Claim" address mentioned on last page of this form

DOCUMENTS TO BE SUBMITTED#

Critical Illness Claim / PD

1. Original Policy Certificate
2. Definition Fulfillment Document (Medical Test report, Discharge sum)
3. Cancelled cheque for processing electronic payment
4. Hospital main bill

#Additional medical records may be called on case to case basis

POLICY DETAILS:

Policy Number(s):

Name of Annuitant (as mentioned in the Policy Certificate)

Name of beneficiary / beneficiaries

Address:
 City:

State: Pin Code: Phone No: Mob No:

☐ Updation of PAN No: Relationship with the Annuitant:

In case of correction or updation of PAN no., provide us with a copy of your PAN Card.

DETAILS OF CLAIMANT:

a) Name:

b) Address:
 City:

State: Pin Code: Phone No: Mob No:

c) Date of birth: Email ID:

d) Relationship with the Life Assured:

Name of joint life (if applicable)

Signature of Annuitant/beneficiary/beneficiaries (please mention name alongside)

Date of Death:

Place: _____

Documents Enclosed: ☐ Photo Identity Proof Other: _____

- Your claim request will be processed within 7 working days from the receipt of all required documents.
- Photo identity proof (passport or election card or pan card) will be required for all beneficiaries or joint life as applicable
- In the event of multiple beneficiary, details mentioned in the last nomination form will be applicable
- In case of requirement of any additional information, we will get in touch with you. In case of Life Annuity excess payment made before the intimation of death to be returned to ICICI Prudential Life Insurance Co. Ltd.

DETAILS OF INSURED PERSON HOSPITALIZED:

[illegible]

DETAILS OF HOSPITALIZATION:

a) Name of Hospital where Admitted:

b) Room Category occupied: ☐ Day care ☐ Single occupancy ☐ Twin sharing ☐ 3 or more beds per room

c) Hospitalization due to: ☐ Injury ☐ Illness ☐ Maternity

d) Date of Injury / Date Disease first detected /Date of Delivery:

e) Date of Admission: f) Time: g) Date of Discharge: h) Time:

i) If Injury give cause: ☐ Self inflicted ☐ Road Traffic Accident ☐ Substance Abuse/Alcohol Consumption

II) If Medico legal: ☐ Yes ☐ No III) Reported to police ☐ Yes ☐ No III) MLC Report & Police FIR attached: ☐ Yes ☐ No

j) System of Medicine:

Reason for claim ☐ CI ☐ PD

If Critical Illness, then

- ☐ Cancer of Specified Severity
- ☐ Heart Attack
- ☐ Open Chest CABG:
- ☐ Kidney Failure Requiring Regular Dialysis:
- ☐ Stroke Resulting In Permanent Symptoms:
- ☐ Major Organ/ Bone Marrow Transplant
- ☐ Permanent Paralysis of limbs

ELECTRONIC PAYOUT OPTION (Direct transfer of funds to your Bank Account) Please submit cancelled cheque / cheque copy along with this form.)

Name of Account Holder
(as mentioned in Bank Account)

Bank Name

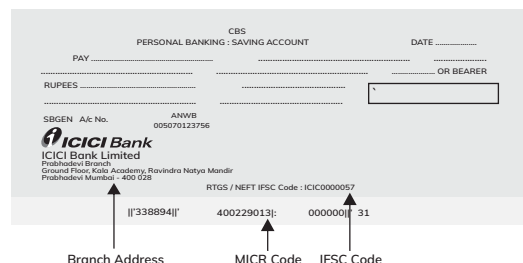
Branch Name & Address

[illegible][illegible]

MICR Code								
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9 digit code as appearing on the Cheque copy issued by bank.
Please attach a copy of cancelled Cheque for verifying MICR code.

Account Type ☐ Current Account ☐ Saving Account



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 inspite 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 provided by me in this form.

x

Signature / Thumb impression of the Annuitant

Place: Date:

P	P	M	M	Y	Y	Y	Y
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AUTHORIZATION / DECLARATION

To,
Claims Team,
ICICI Prudential Life Insurance Limited, Mumbai

Policy Number (s):

I, Mr. / Ms. / Mrs. (name),

(relation) of Mr. / Ms. / Mrs. (name of the Annuitant), do hereby declare that the above statements are true in each & every respect.

(I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited.)

I hereby give my consent to ICICI Prudential Life Insurance Co. Ltd. and its representatives to obtain information/ documents (including photocopies) from past and the present employer(s)/ Business Associates/ Medical Practitioners/Hospitals (Government/Private)/ Birth and Death Registrar/ Any life and non-life insurance company and Life Insurance Association's Medical Register.

I hereby request the relevant authorities to release to ICICI Prudential Life Insurance Co. Ltd. and its representatives any details regarding state of health, habits and occupation of the life assured within his/ her knowledge before or after the policy was issued and ICICI Prudential Life Insurance Co. Ltd. to release to any Life and non-life insurance company/ or life insurance Association's medical register, such details and provide the record of employment/business or other details as may be considered relevant.

Yours faithfully,

Mobile Number

Place:

Date:

X

Signature / Thumb impression of the Annuitant

Witness Authorization (Required where Annuitant has provided Thumb Impression / Signature in Vernacular Language)

Content of this form and its particulars has been explained by me in vernacular language to the Annuitant

Name of the Witness: Relation with Claimant

Mobile Number

Place:

Date:

X

Signature of the Witness

ICICI Prudential Life Insurance Company Limited. Registered Address: - ICICI PruLife Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. IRDAI Regn No. 105. CIN:L66010MH2000PLC127837. Call us on 1-860-266-7766 (10am-7pm, Monday to Saturday, except national holidays and valid only for calls made from India). Trade Logo displayed above belongs to ICICI Bank Ltd & Prudential IP services Ltd and used by ICICI Prudential Life Insurance Company Ltd under license. Comp code: Comp/doc/Nov/2017/0536

CONTACT US

Visit our website:
www.iciciprulife.com



Email us at:
myannuity@iciciprulife.com



Call us at:
1860 266 1999*



Write to us at our
Communication Address

*Call us at 1860 266 1999 (local charges apply) – for Group Annuity queries please select option 1 from the main menu. Please do not prefix "+" or "91" or "00" before the number. Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays).

Communication Address

Group Annuity Helpdesk: ICICI Prudential Life Insurance Company Limited, Unit No. 901A, Prism Towers, Mindspace,
Link Road, Goregaon (West), Mumbai - 400 104.