# CLAIM INTIMATION CUM CLAIMANT'S STATEMENT (INFORMAL GROUP) Page 1 of 2



Note: Please fill in the details wherever applicable. If not applicable, please write N.A in the respective field			
Master Policy <sup>#</sup> :			
Name of the Group Organiser:			
Details of the Life Assured:			
1. Name of the Life Assured			
2. Loan disbursal date DDMMYYYY 3. Member ID 3. Member ID			
4. Address			
5. Age at death               B. Date of death               D                7. Time of death			
8. Place of death (Hospital/ Residence/ Fields/ any other, please specify)			
9. Cause of death			
10. Name, address & telephone no. of the doctor			
who certified the death of the Life Assured			
For Accidental Death			
1. Date of the accident D D M M Y Y Y Y 2. Time of the accident :			
3. How did the accident occur?			
4. Name & address of Police Station where FIR has been lodged			
5. Postmortem done: Yes No (If yes, please attach the report)			
Details of the Claimant / Nominee:			
Name of the claimant (Identity proof required)			
Address of the claimant (Address Proof required)			
Contact Details			
STD     Residence     STD     Office     Ext.     ISD     Mobile       Gender:     Male     Female     Date of birth:     D     M     M     Y     Y     Y			
Relationship with the deceased Life Assured			
Claimant / Nominee bank details:- (copy of cancelled cheque to be provided)			
Bank Name			
Branch Address			
Account Type: Saving Account Current Account Personal Banking: SAVING ACCOUNT DATE			
Bank Account Number			
IFSC Code (Mandatory for NEFT):			
<ul> <li>I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.</li> <li>I hereby declare that the particulars given in this form are true, correct and complete in all aspects.</li> </ul>			
I take full responsibility of genuineness and correctness of the details filled herein.			
company responsible in any manner whatsoever.			
<ul> <li>Further, I understand that the company shall not be held responsible for any non receipt of payment on account of wrong/ incorrect/ incomplete information given by me in this form.</li> </ul>			
Please note that the company reserves the right to call for additional documents/ requirements.			

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Date: D

MM

## Documents attached herewith:

- 1. Claim intimation form
- 2. Death certificate
- 3. FIR & PM copies in case of accidental death
- 4. Certificate of Insurance
- 5. Voluntary consent form
- 6. Last Doctor's certificate
- 7. Any other document/s
- 8. KYC of nominee

9. Claimant's cancelled cheque/passbook copy (for electronic transfer)

#### If split payment applicable: additional documents required

- 1. Credit Account statement
- 2. Split payment consent form

#### **Advance Discharge Voucher**

#### Important terms and conditions before you proceed:

- (a) The advance discharge voucher in this form is valid and applicable only in the event of acceptance of claim by ICICI Prudential Life Insurance Company Limited ("Company").
- (b) In the event of acceptance of the claim by the Company, the Company shall remit the applicable claim amount directly to the claimant as per policy terms and conditions. © Please revert for clarifications in case of any issues/concerns with respect to the claim (please refer to the "For Assistance" section below).
- (d) Encashment of the claim cheque or credit of the claim amount in favour of the /nominee/claimant, as the case may be, shall discharge the Company of all its liabilities with respect to the cover of the deceased member under the afore-mentioned policy.
- (e) This document should not be construed as acceptance of claim by the Company.

### **Discharge from Nominee/ Claimant**

I	declare that I am the Nominee/ Claimant of	
with respect to the cover under Policy No		Name of the deceased member

I state that the sums paid shall fully discharge the Company of all its liabilities in relation to the cover of the deceased member under the above policy.

I also declare that I have no further claims whatsoever on the Company with respect to the said cover.

Please affix Re.1 Revenue	
Stamp &	
Sign across	
the stamp	

Signature/ Left Thumb Impression of Nominee/ Claimant

For Assistance: Please e-mail at grouplife@iciciprulife.com or write to us at ICICI Prudential Life Insurance Company Limited. Attn: Group Service Desk, ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097.

Registered Address: 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 1860-266-7766 (10am-7pm, Monday to Saturday, except national holidays and valid only for calls made from India). Product UIN: 105N119V03. COMP/DOC/Sep/2018/249/1654.