Type of Claim: Death	Policy Number: Type of Policy:				Date: DD MM YYYY [] Employee Deposit Linked Insurance		
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Please provide bank A/C details of beneficiary (passbook/cancelled cheque copy with name printed on it) for payment.

Term Amount to be paid (Rs.) :	Specify Name of Payee :	
We are aware that ICICI Prudential has a right to o	call for further information/documents.	
Advance Discharge Voucher:		
We (name of the Company) und	erstand and agree that ICICI Prudential Life Insurance C	ompany shall be discharged
of all liabilities in relation to the above claim upo Please affix Re. 1/- revenue Stamp of the Company: across the stamp	on the payment of the Claim moneys in case of acceptar	nce of the claim by the Company.
Signature of the authorized signatory: Name of the signatory: Place:		Date: DD MM YYYY

Instructions:

- 1. Submission Methods: You can submit the form by any of these convenient methods:
 - a. By email Kindly submit the form to grouplife@iciciprulife.com from the official email id of the authorized signatory
 - o. By Fax Please fax the form to Group Service at fax no. 022 42050803/4205 0805038 8199
 - c. By Courier Please courier the form to Group Service Desk ICICI Prudential Life Insurance Co. Ltd., Rani Sati Marg, Malad (E), Mumbai 400 097
- 2. The claim cheque would be dispatched to the last address recorded by us
- 3. For any assistance please write to us at grouplife@iciciprulife.com
- 4. ICICI Prudential Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon receipt of claim amount by the payee mentioned above.
- Insurance is the subject matter of the solicitation COMP/DOC/Jul/2018/177/1423