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

ICICI PRUDENTIAL LIFE INSURANCE

Note: Please fill in the details wherever applicable. If not applicable, please write N.A in the respective field

Master Policy#: ☐☐☐☐☐☐☐☐

Name of the Group Organiser:

Details of the Life Assured:

1. Name of the Life Assured ☐
2. Loan disbursal date D D M M Y Y Y Y 3. Member ID ☐
4. Address ☐
5. Age at death ☐ 6. Date of death D D M M Y Y Y Y 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 D M M Y Y Y Y

Relationship with the deceased Life Assured ☐

Claimant / Nominee bank details:- (copy of cancelled cheque to be provided)

Bank Name ☐

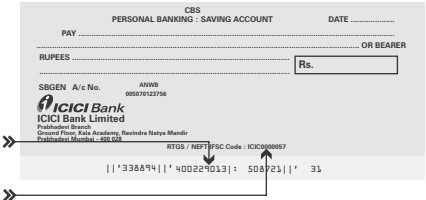
Branch Address ☐

Account Type: ☐ Saving Account ☐ Current Account

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MICR Code* (Mandatory for ECS): ☐☐☐☐☐☐☐☐☐ (You can get this code from your cheque book)

IFSC Code (Mandatory for NEFT): ☐☐☐☐☐☐☐☐☐☐☐ (You can get this code from your bank)



- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
- I take full responsibility of genuineness and correctness of the details filled herein.
- If any transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information provided by me in this form, I shall not hold the company responsible in any manner whatsoever.
- 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.
- Please note that the company reserves the right to call for additional documents/ requirements.

Signature of the nominee / claimant

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

ICICI PRUDENTIAL LIFE INSURANCE

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 _____
Name of the deceased member

with respect to the cover under Policy No ☐☐☐☐☐☐☐☐

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

Date: D D M M Y Y Y Y

Verified by _____
Name of the official of the Group Organiser

Company seal & Signature of the official _____

Date: D D M M Y Y Y Y

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:U66010MH2000PLC127837. Call us on 1-860-266-7766 (10am-7pm, Monday to Saturday, except national holidays and valid only for calls made from India). Product UIN: 105N119V03. Comp/doc/Sept/2016/513.