

Hi

Here's a guide to simplify your online buying journey.
Just go through this guide once and you will be able
to complete your online application process in 10 mins.



step 1

APPLICATION FORM

BASIC DETAILS

HEALTH DETAILS

PREMIUM PAYMENT



step 2

SUBMIT DOCUMENTS

PHOTOGRAPH

AGE, ID & ADDRESS PROOF

INCOME PROOF





step 1

APPLICATION FORM



1. Note down the 10 digit alphanumeric application number (OB12345678) that is generated on the screen.
2. You can resume your online application form in two ways in our **App Tracker**.
 - a. App no. and Date of Birth
 - b. Mobile no. Date Of Birth
3. Please keep your PAN number and KYC documents handy for easier form filling. Click here to know List of applicable documents.
4. Please note that Sum Assured/Life cover, Date Of Birth, Gender and Tobacco consumption are non editable later in the application process as the Application No. is generated based on these inputs. If you wish to make any changes, start again.


BASIC DETAILS

Welcome, 

YOUR APPLICATION NUMBER IS OB06587584**50%**

Details of Life Assured

Life Assured First Name* RAM	Life Assured Last Name KRIPAL YADAV	Gender* Male
Date of Birth* 1 Jun 1985 <small>31 Years</small>	Marital Status* Married	Occupation*
Education*	Name of Organisation*	Organisation Type*

Are you engaged in any of the mentioned industries(Export, Jewellery, Real Estate, Scrap Dealing, Shipping, Stock Broking & Agriculture)

PAN*	Aadhaar No	Annual Income(₹)
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Name

You have the option to re-enter your name in the fields given.




Please enter your name as per your ID Proof. If you have a middle name for eg: Ram Kripal Yadav. Enter Ram in the First name field and Kripal Yadav in the Last name field

■ Date Of Birth & Gender

You cannot edit your date of birth or gender in the application form. If you have entered incorrect DOB/ Gender. Please start your buying journey again.

■ Marital Status

Select your Marital Status from the drop down list


tip  If you have filed for a divorce and not legally divorced yet, please select married.

■ Educational Qualifications


1. Select **Post Graduate** if you have completed a degree or diploma after your graduation.
eg: M.Tech / M.B.A.
2. Select **Graduate** if you have completed a Bachelor's degree
eg: B.Tech / B.A.
3. Select **Diploma** if you have completed a professional diploma course after Senior Secondary (10+2)
4. Select **10 th or 12 th** if you have completed Senior Secondary (SSC) or High Secondary (HSC) respectively.
5. Select **Below 10 th** if you have completed any standard below High School.

■ Occupational

1. Select **Salaried** if you are working for an organisation on its payroll and not on contract basis.
2. Select **Agriculturalist** if you belong to any act of soil cultivation (Cultivator, farmer etc)
3. Select **Professional** if you are a certified professional and practice the same profession independently like doctor, CA, Lawyer etc.

tip  If you fall under professional and your profession is not mentioned in the drop down. Please select 'others' and describe your profession.


4. Select **Self-employed** if you are a business person.

tip  If you are a business person running a company, select Self employed and further mention the name of your organisation and organisation type.

5. Select **Retired** if you have retired from a job and not working anywhere.
6. Select **Student** if you are enrolled in a full time course
7. Select **Others** if you do not belong to any of the above occupation and give a brief description of your occupation in the Occupation Description box.
For eg: Supervisor, Commission agent,


■ Organisation Details

Select the name of your organisation from the drop down


tip  Organisation names are updated periodically. If your organisation name is not mentioned in the drop down, select "others" and enter the name of your organisation along with organisation type.

■ Organisation Type

1. Select **Public Limited** if the company is listed in stock exchange like Infosys Ltd
2. Select **Government** if you are in a state or central government run organisations like Indian railways

tip  Select Public Limited for government organisations which are listed in stock exchange eg: NTPC, ONGC


3. Select **Private Limited** by checking on the company documents for the full name of the organisation, usually private limited companies use abbreviation like Pvt. Ltd. after their names.
4. Select **Proprietor** if the Company is run by a single owner, usually nascent start-ups, and very small organisations.
5. Select **Trust** if you are working for a non-profit organisation, an educational institution, or a non-profit healthcare organisation
6. Select **Partnership** if it is a partnership firm
7. Select **Society**, if it is a group that is formed for a specific purpose, for example Residents Welfare Society, etc
8. Select **Hindu Undivided Family**: If you belong to or working for Hindu Undivided Family. It is a class of business being run on an inherited property by a member of the family.

tip  Please select the above to the best of your knowledge:
Use case 1: Mr. Suresh Sharma is working in a software company as a software engineer. He will fill up his occupation details as follows:
Occupation: Salaried
Organisation name: Abc software Pvt Ltd.
Organisation type: Private Limited

Use case 2: Mr Kamal Kishore Mishra, an accountant in Madhur residential building. He will fill up his details as follows:
Occupation: Other
Occupation description: Accountant
Organisation name: Others,
Organisation name description: Madhur Cooperative Hsg society
Organisation type: Society

■ Trade

1. If you are employed in export, jewellery, real estate, scrap dealing, shipping, stock broking or agriculture, select Yes.
2. If you selected yes for 'Point No. 1' you need to select your activity type from the drop down list.

tip  Select import/export if you or your company is involved in import or exports of goods

YOUR APPLICATION NUMBER IS [OB06586264](#)

50%

PAN*

Aadhaar No

Annual Income(₹) *



Objective of buying policy*

Protection



Age Proof*

Passport



Are you a Politically Exposed Person

 No

Politically Exposed Persons (PEPs) are individuals and their family members and close relatives who have been entrusted with prominent public functions in India or in a foreign country. For example: Important Political Party Officials, Senior Politicians, Senior Government/Judicial/Military Officials, Heads of the State/Governments, Senior Executives of State Owned Corporations, etc

Do you have an Electronic Insurance Account?

Electronic Insurance Account (EIA) is a digital repository of all your life insurance policies. If the hard copy of your policy document ever gets lost,

PAN Number (mandatory)

Provide your alphanumeric PAN number (10 digit) here; for example: AAKVP1938L



PAN Card will be used as a valid Age and ID Proof.

Aadhar Number

You may also provide your Aadhaar No.(12 digit) although it is **not mandatory**



Aadhar Card can be used as a valid Age, Identity and Address Proof

Policy Objective

1. Select the objective of buying a policy from drop down.
2. Select "Protection" for iProtect Smart.

Age Proof

1. Click here to refer eligible age proofs and upload the same



Aadhaar card, Passport and Driving License are commonly used age proofs, which are also used as ID and address proofs.

Annual Income

1. For total annual income field, enter the amount that is mentioned in your income proof.



Use case1 :If you are salaried and you have received a bonus in this financial year, please enter following amounts:

- a. Total of annual salary + bonus, if your income proof is salary slips(last 3 months) and Bonus is a part of those slips
- b. Total annual salary, if your income proof is salary slips(last 3 months) and bonus is not a part of those salary slips
- c. Total annual salary of last year, if your income proof is previous years ITR/ Form 16



- Use Case 2:** If you have recently got a hike or moved to a different company with a hike, please enter following amounts
- d. New annual salary, if your income proof is last 3 months salary slips with the new salary
 - e. New annual salary, if your income proof is your appointment letter and you are less than 3 months old in the new organisation
 - f. Old annual salary, if your income proof does not reflect updated salary

Politically Exposed


Select Politically Exposed person, If you or a member of your family or close relatives hold important positions in political parties, Judicial/ military officials, senior executives of state owned corporations.

EIA

1. Enter Electronic Insurance Account (EIA) if you already have an EIA account.



EIA is a free of cost repository which keeps all your policies in electronic form.
If you do not have an EIA: from the drop down select one of the options to apply or select not interested

Welcome, ▾

YOUR APPLICATION NUMBER IS [OB06586264](#)**50%**

Nominee Details

YADAV

Gender

MALE

FEMALE ✓

Your nominee is your*
WIFE ▾

Nominee's Date of Birth*
▾ ▾ ▾

Enter details of your previous policy(ies)

Do you hold any Life Insurance Policy(ies) other than ICICI Prudential?
If you are an existing customer, we will have your details. Please select other life insurance policy(ies).

☒ No

CONTINUE

Nominee Details

1. Enter Nominee name/ gender / relation and date of birth



1. If your nominee is a minor (less than 18 years old), you will have to enter the details of an appointee who will be authorised to act on behalf of the nominee, till your nominee is legally 18 years old. Appointee must be atleast 18 years old.
2. Ensure correct details of the nominee or appointee are entered. This will help in easier claim process.



(contd.)

■ Previous Policy Details

1. Enter details of **Non ICICI** Prudential Life insurance policies which are inforce/active
2. Select Name of the insurer from the drop down and enter the life insurance cover/sum assured.
3. Click on "Add another Policy" if you have more than one life insurance policies from other life insurers.




In case of ULIPs enter the Sum Assured or Life insurance Cover amount and not the fund value/ premium amount.

Welcome, 


YOUR APPLICATION NUMBER IS [OB06583430](#)**60%**

My FATCA and CRS details


I/we are a tax resident of ONLY India

TIN/PAN Issuing Country*
India

DPHPS6380N

My birth country is India

☐ This information is required to be collected as per The Income Tax Act, 1961 to comply with FATCA and CRS regulations. We will continue to report the above information 'As is' till we receive any change request from you*

Mailing/Communication Address 


Line 1*

Phone and Email

Mobile Number*
9876543210

Email ID*
ram_yadav@gmail.com

Permanent Address

Same As Mailing/Communication Address

REVIEW

CONTINUE

■ FATCA and CRS

1. If you are a tax resident of any country other than India, please enter each countries name and Tax identification number of which you are tax resident of.
2. Select the country of your birth from the drop down if you were not born in India.

■ Communication Details

1. Please enter details as per your address proof
2. Enter your permanent address, if it is different than your communication address.
3. Please verify your mobile number and email address



1. This is required for all future communication with you. In case you stay on rent and you move out to a different place, you can always change the communication address later through various service options available on our website.
2. Keep the above mobile phone handy with you, it is required to verify the process at the end of the application form with OTP.

HEALTH DETAILS



Welcome,

YOUR APPLICATION NUMBER IS [OB06583430](#)

70%

Life Assured Habits and Health Details

Height in ft*	OR	Height in cm*	Weight in kgs*
<div>Do you consume or have ever consumed narcotics?*</div> <div></div>			
<div>Do you consume or have ever consumed tobacco?*</div> <div></div>			
<div>Do you consume or have ever consumed alcohol?*</div> <div></div>			
<div>Have you ever suffered or being diagnosed with or been treated for any of the following?</div> <div></div>			
<div>Hypertension/ High BP/ high cholesterol</div> <div></div>		<div>Chest Pain/ Heart Attack/ any other heart disease or problem</div> <div></div>	
<div>Undergone angioplasty, bypass surgery, heart surgery</div> <div></div>		<div>Diabetes/ High Blood Sugar/ Sugar in Urin</div> <div></div>	

■ LIFE ASSURED HABIT AND HEALTH DETAILS

1. Provide your physical attribute details here
 - a. **Height** : Enter your height (Feet) by typing in the fields given. Height in Cms will automatically appear.
 - b. **Weight**: Enter your weight in KGs



Provide information to the best of your knowledge

2. Do You Consume Or Have Ever Consumed Tobacco?

3. Do You Consume Or Have Ever Consumed Alcohol?



1. Once selected at the start of the buying journey, this option cannot be edited here. (Only for Tobacco Consumption)

2. Mark "No" if you have stopped consumption of tobacco or alcohol from the last five years. If you are an occasional smoker or social drinker. Please select the minimum quantity as applicable.

For eg: If you have started drinking 5 years back but you drink (mostly beer) only twice in a month, please mention details as below:

Alcohol consumed as: Beer (Bottles)

Quantity per day: 1-2

Since how many years: 5

4. Do You Consume Or Have Ever Consumed Narcotics?

5. Have you ever suffered or being diagnosed or been treated for any of the following?



Please go through this in advance, it helps in quick selection during application form filling and select "No", if none is applicable

ICICI PRUDENTIAL LIFE INSURANCE

Welcome, ▾

YOUR APPLICATION NUMBER IS [OB06586264](#)

70%

Have you ever suffered or being diagnosed with or been treated for any of the following? **Yes** ☒

Hypertension/ High BP/ high cholesterol <input checked="" type="checkbox"/> No	Chest Pain/ Heart Attack/ any other heart disease or problem <input checked="" type="checkbox"/> No
Undergone angioplasty, bypass surgery, heart surgery <input checked="" type="checkbox"/> No	Diabetes/ High Blood Sugar/ Sugar in Urine <input checked="" type="checkbox"/> No
Asthma, Tuberculosis or any other respiratory disorder <input checked="" type="checkbox"/> No	Nervous disorders/ stroke/ paralysis/ epilepsy <input checked="" type="checkbox"/> No
Any GastroIntestinal disorders like Pancreatitis, Colitis etc. <input checked="" type="checkbox"/> No	Liver disorders/ Jaundice/ Hepatitis B or C <input checked="" type="checkbox"/> No
Genitourinary disorders related to kidney, prostate, urinary system <input checked="" type="checkbox"/> No	Cancer, Tumor, Growth or Cyst of any Kind <input checked="" type="checkbox"/> No
HIV infection AIDS or positive test for HIV <input checked="" type="checkbox"/> No	Any blood disorders like Anaemia, Thalas etc <input checked="" type="checkbox"/> No

- a. Hypertension/High BP/high cholesterol
- b. Chest Pain/Heart Attack/any other heart disease or problem
- c. Undergone angioplasty, bypass surgery, heart surgery
- d. Diabetes/High Blood Sugar/Sugar in Urine
- e. Asthma, Tuberculosis or any other respiratory disorder
- f. Hypertension/High BP/high cholesterol
- g. Chest Pain/Heart Attack/any other heart disease or problem
- h. Undergone angioplasty, bypass surgery, heart surgery

(contd.)

- i. Diabetes/High Blood Sugar/Sugar in Urine
- j. Asthma, Tuberculosis or any other respiratory disorder
- k. Nervous disorders/stroke/paralysis/epilepsy
- l. Any Gastrointestinal disorders like Pancreatitis, Colitis etc.
- m. Liver disorders/Jaundice/Hepatitis B or C
- n. Genitourinary disorders related to kidney, prostate, urinary system
- o. Cancer, Tumor, Growth or Cyst of any Kind
- p. HIV infection AIDS or positive test for HIV
- q. Any blood disorders like Anemia, Thalassemia etc
- r. Psychiatric or mental disorders
- s. Any other disorder not mentioned above



If you have suffered with any of the above mentioned in the past, please mention the year in which it had happened in the remarks field below the health questions. If required, Mail those reports to buyonline@icicprulife.com

For faster issuance, if you have done a medical examination in the last 1 year from the date of the policy purchase, please share the same with us on buyonline@icicprulife.com

Welcome,

YOUR APPLICATION NUMBER IS [OB06586264](#)

70%

Are you employed in the armed, para military or police forces ?(If yes, please provide Rank, Department/Division, Date of last medical & category after medical exam).*

Do you have any Congenital Defect/Abnormality/Physical Deformity/Handicap?*

Family details of the life assured(include parents/sibling) Are any of your family members suffering from /have suffered from/have died of heart disease,Diabetes Mellitus, cancer or any other hereditary/familial disorder, before 55 years of age.if yes please provide details below.*

Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in the past?*

Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years?*

Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way ? (eg - occupation - Chemical factory, mines, explosives, radiation, corrosive chemicals & hobbies - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc)*


Have you lost weight of 10 kgs or more in the last six months?*



6. Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way ? (eg - occupation - Chemical factory, mines, explosives, radiation, corrosive chemicals j - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc)

7. Are you employed in the armed, para military or police forces? (If yes, please provide Rank, Department/Division, Date of last medical & category after medical exam)?

(contd.)

8. Family details of the life assured(include parents/sibling) Are any of your family members suffering from /have suffered from/have died of heart disease, Diabetes Mellitus, cancer or any other hereditary/familial disorder, before 55 years of age. if yes please provide details below?
9. Have you lost weight of 10 kgs or more in the last six months?
10. Do you have any congenital defect/abnormality/physical deformity/handicap? two years?
11. Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in the past?
12. Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years?

tip  If any of the above is applicable to you, please mention brief details in remarks field below the health questions


Welcome, 

YOUR APPLICATION NUMBER IS [OB06586264](#)
85%


RE-GENERATE
SUBMIT

Please enter One Time Password sent to your mobile no.This is mandatory for policy issuance.

Product Details		
Product Name ICICI Pru iProtect Smart	Premium Paying Term 30	Frequency Yearly
Policy Term 30	Sum Assured(₹) 10000000	Premium(₹) 18839
Benefit Option All in One	Payout Option Income	
Rider Name CIBF	Rider Term 30	Rider Sum Assured(₹) 2500000

OTP

Verify with one time password that is sent to your mobile number given in the application form.

- tip** 
1. OTP verification is mandatory for Policy issuance as per IRDAI.
 2. If you skip this here, it comes two more times in your buying journey


REVIEW

1. You can review the entire application details form and edit details if required.
2. Tick on the declaration mentioned at the end of the review to continue with payment.



Please review and edit details here, you will not be able edit information if you move to the payment page

PREMIUM PAYMENT

Welcome, ▼

YOUR APPLICATION NUMBER IS [OB06586264](#) 90%

Select Source of Funds

Source of Fund*

Please Select Source of Fund

Premium paid by a person other than Proposer (If yes, please submit third party declaration and Payer's KYC)* No

Select Payment Option






Credit Card

Debit Card

Net Banking

Wallet

Card Type



Total Amount Due(₹)
18,839
Eighteen Thousand Eight Hundred Thirty Nine Only

SOURCE OF FUNDS

Select source of funds as applicable



If you do not fall in any of the options mentioned in the drop down. Select others and give a description.

For eg: If you are a freelance writer, select others and mention freelance writing remuneration. If you fall in more than one category, select the ones as per your income proof.

1. If the payer is other than the policy holder, please keep a third party declaration in the below format ready and also submit payers KYC
2. You can choose to pay from various available options
 - a. Credit Card
 - b. Debit card
 - c. Net banking
 - d. Wallet



1. In case of Credit card, tick on the set up standing instructions options. This will ensure that your premiums are paid on time and your policy stays inforce/active.
2. Wallet option for payment is not available for monthly premium payment.



step 2

SUBMIT DOCUMENTS

1. Upload the list of documents as applicable
2. File size limit for the documents should not be more than 2 mb



If you are not able to upload documents on this screen.
You can mail your documents to **buyonline@iciciprulife.com**

DOCUMENTS REQUIRED

Along with your photo, we require only 3 documents to issue a policy.



1. For upload, file size limit per document should not be more than 2 MB.
2. Keep these documents handy. This helps you fill up the application for much more quickly.
3. A readable scan copy/ camera pic of these documents will be good, and allow you to submit the documents online.

PAN CARD

Entering your PAN Number is mandatory



PAN Card will be used as a valid Age and ID Proof

AGE, ID & ADDRESS PROOF

1. Current Passport
2. Current Driving License
3. Aadhar card with photo and address (12 digit UID number)



If you submit **ANY ONE** amongst the above 3 documents, you will not have to submit any additional document for Age • ID • Address proof.

If you do not have any of the above and want to know list of alternate documents, [Click Here](#)

INCOME PROOF

1. Income Tax returns (ITR's) for last 3 assessment years duly filed with IT department.
2. Form 16 of latest assessment year.
3. Salary slips of last 3 months.
4. Individual Audited Profit and Loss account, Balance Sheet of last 3 assessment years.
5. Last 3 months bank statement reflecting regular salary credits
6. Latest salary certificate from the employer on the letter head signed by authorized signatory



If any document is password protected please share the password aswell. Please share the same on email to buy_online@icicirulife.com

Use case1: If you are salaried and you have received a bonus in this financial year, please enter following amounts:

- a. Total of annual salary + bonus, if your income proof is salary slips(last 3 months) and Bonus is a part of those slips
- b. Total annual salary, if your income proof is salary slips(last 3 months) and bonus is not a part of those salary slips
- c. Total annual salary of last year, if your income proof is previous years ITR/ Form 16

Use Case 2: If you have recently got a hike or moved to a different company with a hike, please enter following amounts

- d. New annual salary, if your income proof is last 3 months salary slips with the new salary
- e. New annual salary, if your income proof is your appointment letter and you are less than 3 months old in the new organisation
- f. Old annual salary, if your income proof does not reflect updated salary

THINGS TO DO FOR FASTER ISSUANCE

■ Prepare for Medicals

Our process of medical examination is very simple. Immediately after the making payment, you will be asked to enter your pin code for medical test. Basis the pin code and type of tests required, you will be entitled to either a home visit medical test or a Medical center visit.

Home Visit: In this option, a medical practitioner will visit your place to carry out some basic tests. You can choose the date and time of examination as per your convenience.

Medical center visit: In this option, you will have to visit a medical center basis your pin code or in case of tests which require medical center visit like X ray, TMT (Treadmill test) etc. You can choose the date and time of examination as per your convenience.



1. Cost of medical exam would be borne by the company

2. 12 hours fasting is required for blood samples.

Eg: If you have a medical appointment scheduled the next day (Saturday) at 9:00 am, please have your last meal latest by 9 PM on previous day (Friday).

3. Please keep the urine sample ready in a small clean container.

4. You can also get your medical test report at a request.

5. If you have missed out medical appointment, you can reschedule it for a later date.

■ Issuance

Policy Issuance usually takes 7 days post medical test and successful submission of all documents. In case of non-policy issuance due to ineligibility, one of the following offers would be made to you:

XRT: Revised premium

Counter Offer: Revised life cover or revised policy term

Postpone: Eligible to buy policy after 6 months

Decline: Policy cannot be given



1. In case, policy issuance is taking time, you can track the status of your policy on our website

2. In case you policy request is declined, payment will be reversed to you in 15 working days.