

3S CLAIMANT'S STATEMENT FORM (DEATH CLAIMS)

The Claimant's statement form must be filled by the claimant / beneficiary under the policy or by the legally entitled person

ACKNOWLEDGEMENT RECEIPT / CHECKLIST FOR SUBMISSION OF DEATH CLAIM

Policy number(s) _____
 Name of claimant's _____
 Branch name & code _____ Date DD/MM/YYYY _____
 Employee name _____ Employee code _____

| MANDATORY DOCUMENTS REQUIRED | SUBMITTED | |
|---|-----------|----|
| Claimant statement form | Yes | No |
| Copy of death certificate of the Life Assured, issued by government authority | Yes | No |
| Claimant address proof* | Yes | No |
| Claimant photo identity proof* | Yes | No |
| Recent photograph of the claimant | Yes | No |
| Pan card / Form 60 of the claimant | Yes | No |
| Payout mandate form with bank account details of the claimant | Yes | No |
| Copy of cancelled cheque / bank statement / bank passbook of the claimant** | Yes | No |

| ADDITIONAL DOCUMENTS AS MENTIONED BELOW FOR FASTER PROCESSING OF YOUR CLAIM | SUBMITTED | |
|---|-----------|----|
| In case death is due to any kind of accident such as Road / Rail / Air or murder, suicide, etc., | | |
| First Information Report (FIR) from the police authority | Yes | No |
| Inquest Panchnama | Yes | No |
| Final police investigation report | Yes | No |
| Post Mortem Report (PMR) issued by the hospital | Yes | No |
| Viscera / Chemical examination report | Yes | No |
| Hospitalization / treatment records if any | Yes | N |

| DEATH AT HOME OR HOSPITAL | SUBMITTED | |
|--|-----------|----|
| Medico-legal cause of death | Yes | No |
| Past medical records and treatment papers | Yes | No |
| All hospitalization records of the Life Assured such as: | | |
| • Admission form | Yes | No |
| • Indoor Case Papers (ICPs) | Yes | No |
| • Discharge summary | Yes | No |
| • Diagnostic test reports such as USG, Pathology / Lab reports etc., | Yes | No |
| Treating Doctor Certificate | Yes | No |
| Duly filled in Medical Hospital Attendant Certificate (MHAC) If death was at home | Yes | No |
| Duly filled in employer certificate (only if Life Assured was a salaried individual) | Yes | No |

* Any one of the officially valid documents such as Aadhar Card, Passport, Driver's License, Voters ID

** As per the regulatory requirement, all payouts under an insurance policy are required to be processed electronically in the bank account of the policyholder / nominee / assignee as applicable.

Note: • Where sum assured is zero (Pension Plans) fund value as on date of intimation is payable • Claim proceeds can be credited in NRE accounts in proportion to the premiums paid through NRE account subject to valid proofs being submitted in support of premium payment. • The acknowledgment slip should not be construed as acceptance of claim. • The Company reserves the right to call for additional documents / requirements.

STAMP & TIME

| CLAIM CONTACT POINTS | | |
|--|---|--|
|  24x7 ClaimCare Cell: Customer Care No.: 1860 266 7766 Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays) |  Email us: claimsupport@iciciprulife.com |  SMS Service: ICLAIM<space>8 digit policy no. to 56767 |

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| | | |
|---|----------------------|---|
| For Official Use Only | | <div style="border: 1px solid black; padding: 10px; width: 150px; margin: auto;"> Photograph of Claimant (mandatory) </div> |
| Branch Name: _____ | Branch Code: _____ | |
| Interaction ID: _____ | | |
| Employee Name: _____ | Employee Code: _____ | |
| Sign: _____ | | |
| Nominee name: _____ <small>(Nominee name should match with name mentioned in policy certificate)</small> | | <div style="border: 1px solid black; padding: 10px; width: 150px; margin: auto;"> STAMP & TIME </div> |
| Nominee ID & address proof collected Y / N If N reason: _____ | | |
| Policy status: _____ | | |
| Claim submitted by Nominee Family member Advisor | | |
| Name of the claims assessor contacted: _____ Phone No.: _____ | | |
| SPAARC call ID: _____ | | <div style="border: 1px solid black; padding: 10px; width: 150px; margin: auto;"> STAMP & TIME </div> |
| Please scan the documents in FileNet under Claim service documents | | |
| Other (Please specify) _____ | | |
| Date <u>DD/MM/YYYY</u> Time: <input type="checkbox"/> On or Before 3PM <input type="checkbox"/> After 3PM | | |

SECTION A*

POLICY DETAILS (MANDATORY)

8 digit policy number(s): _____
(Please mention all policy numbers with ICICI Prudential Life Insurance Co. Ltd.)

SECTION B*

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: Mr. Ms. _____

Father's Name: _____

Date of Death: DD/MM/YYYY

Place of Death: Hospital Clinic Residence Office Other (Please specify) _____

Last treated/attended Doctor: Name _____ Registration No. _____ Contact No. _____

Family Doctor: Name _____ Registration No. _____ Contact No. _____

Last Employer details (If applicable): _____

Name of the Company _____ Name of contact person _____ Contact No. _____

Address: _____

Designation: _____ Last working date _____

Nature of Death Medical Natural Accident Murder Suicide Cause of Death _____

| CAUSE OF DEATH / NATURE OF ILLNESS / HABIT (Please tick ✓) | Date of diagnosis of illness |
|---|------------------------------|
| <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Kidney disease <input type="checkbox"/> Cancer <input type="checkbox"/> Others | |
| <input type="checkbox"/> Smoking <input type="checkbox"/> Tobacco <input type="checkbox"/> Drugs | |
| If yes, Duration of Consumption _____ & Quantity Consumed _____ | |
| Any hospitalisation / Illness in last 5 yrs. <input type="checkbox"/> Yes <input type="checkbox"/> No Details _____ | |

Name of treating doctor / Hospital: _____

Address: _____

Telephone with STD code: _____

Date of diagnosis: _____ Date of admission: _____ Date of discharge: _____

If yes, date of diagnosis : _____

Name & Address of Police Station where FIR was lodged (if any): _____

Had the life assured suffered /treated from Covid 19 in past? Yes No

If yes, date of diagnosis: _____

If hospitalisation, date of hospitalisation _____

CLAIM BENEFIT PAYOUT OPTION (wherever applicable as per product terms and conditions)*

For (a),(b),(c)

*Benefit option selected at policy inception cannot be changed, only payout method can be changed at claims stage.

*Change in payout method at claims stage is not applicable if benefit option "Lump sum" is chosen at policy inception.

#Interest rate used for deriving present value of future payouts is 4% p.a.

For (d)

*option d will be applicable for product IPRU Lakshya only. Please refer policy document for details.

Disclaimer - If the instalment payment is less than the minimum instalment amount, the claim proceeds shall be paid in lump sum only

| | | | |
|---|--|---|--|
| (a) Income Option | <input type="checkbox"/> As opted at policy inception | <input type="checkbox"/> Advance 1st year's income as lump sum and remaining in monthly instalments | <input type="checkbox"/> Lump sum (Present value of future payouts)# |
| (b) Increasing Income Option | <input type="checkbox"/> As opted at policy inception | <input type="checkbox"/> Advance 1st year's income as lump sum and remaining in monthly instalments | <input type="checkbox"/> Lump sum (Present value of future payouts)# |
| (c) Lump sum and Income Option | <input type="checkbox"/> As opted at policy inception | <input type="checkbox"/> Lump sum (Present value of future payouts)# | |
| (d) Option to take Death Benefit in instalment | | | |
| Instalment period | <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years | | |
| Mode of Instalment payment | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Yearly | | |
| Percentage of lump sum | | | |

ICICI BANK Account details, if any, held in the name of Life Assured* (This information will be passed onto ICICI Bank for closure formalities):

ICICI Bank account number: _____

*Please note the company is only facilitating the closure of the account and shall not be held responsible in case of any delay or failure on part of the bank to close the account. For any clarification in this regards, you are requested to directly coordinate with the bank.

Mandatory for Pension Plans, please indicate how you would like to receive the benefits Entire amount as Lump sum Entire amount as Annuity Part as annuity Part as Lump sum As Instalments**SECTION C*****DECLARATION AND AUTHORISATION**

- I hereby declare that all the details filled/furnished above are true and correct to the best of my knowledge and belief
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim reimbursement of the said expenses shall be absolutely forfeited
- I understand and agree that the submission of this form does not mean that the request will be processed
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions
- Any payment shall be subject to realisation of the last renewal premium payment
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including HIV/AIDS and others, related to the LA, to ICICI Prudential Life Insurance Co. Ltd., from both the past and present
- A photo copy of this declaration shall be considered as valid and effective
- I authorise ICICI Prudential Life Insurance Co. Ltd. to share and obtain information/documents (including photocopies) on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, business associates, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same

In case where Sum Assured is zero / Investment plan / Paid-up policies, where the Policy document is not submitted to the Company and where the total payment is not more than ₹ 5 lakh, I hereby agree to indemnify the Company against all liabilities that the Company may incur on account of any claim being made by any other person on the basis of possession of the Policy document or otherwise.

Please note: Claim benefits under Pension Products will be paid in lump sum unless requested for periodic pension.

Place: _____

Date: DD/MM/YYYY **Signature / Thumb impression of the claimant / Nominee** **Name & signature of the witness**
 Submit your identity & address proof Relation with claimant _____
 Mobile number _____ Mobile number _____

DECLARATION TO BE MADE BY A THIRD PERSON

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Address: _____

Place: _____

Date: DD/MM/YYYY

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's Email ID: claimsupport@iciciprulife.com.

Signature of Third Person

INSTRUCTION FOR FILLING UP THE FORM

A. IMPORTANT INFORMATION (Please read before filling the form)

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form
2. Claims under multiple policies may be registered by filling a single form and providing all applicable policy numbers
3. In case of more than one claimant, separate forms need to be filled for each claimant
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfillment of all terms and conditions of the policy
6. No fee or commission should be paid to anyone to process this claim
7. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
8. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS 1. Death certificate issued by local authority 2. Claimant's PAN card 3. Claimant's passport size photograph 4. Current valid address proof of the claimant 5. Claimant's photo identity proof 6. Copy of bank passbook/ cancelled cheque.

ADDITIONAL DOCUMENTS

HOSPITALISATION/ DEATH DUE TO ILLNESS 1. Medical cause of death certificate 2. Medical records (admission notes, discharge summary, indoor case papers, test reports etc.) 3. Medical records for all the treatments taken in the past. (Admission notes, History / Progress sheet, Discharge / Death summary, Test reports, etc.) 4. Medical Attendant certificate/ Hospital certificate issued by doctor 5. Employer's Certificate of the Insured/Life Assured

ACCIDENTAL DEATH 1. First Information Report (FIR) 2. Panchnama / Inquest report 3. Post-mortem report (PMR) 4. Driving license 5. Police Final Report 6. Viscera report (if applicable) Newspaper cutting (s), if any, Others as applicable

Disclaimers: ICICI Prudential Life Insurance Company limited reserves the right to ask for more information/documents, if required.

C. LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)

Photo Identity Proof (ANY ONE)

- Valid Passport Voter ID Card
 Aadhaar Card* Valid Driving License
 Bank Passbook with stamped photograph (not more than 6 months old)
 ID Card Issued by Central/State Govt. to employees
 Any other Central/State Govt. issued ID

Address proof (ANY ONE)

- Valid Passport
 Voter ID Card
 Aadhaar Card*
 Valid Driving License
 Bank Passbook with stamped photograph (not more than 6 months old)

*I voluntarily provide my consent to use my Aadhaar to conduct identity check towards KYC compliance by ICICI Prudential Life Insurance Co. Ltd.

D. NOTE: CLAIMANT NEFT MANDATE/BANK ACCOUNT DETAILS

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, the latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with ICICI Prudential Life Insurance Co. Ltd.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.

*Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account. **In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.ath certificate issued by local authority

*Passport/Driving license/Voter identity card issued by election commission of India/Job card issued by NREGA duly signed by an officer of the State government/Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator/Proof of possession of Aadhaar number (to be taken in masked form / take redacted Aadhaar)

**As per the regulatory requirement, Insurers are required to pay all payouts due to policyholders / nominee / assignee by directly

Note: 1. Copies to be submitted and originals to be presented at the time claim submission, 2. ICICI Prudential Life Insurance Co. Ltd. reserves the right to ask for more information/ documents, if required

BEWARE OF SPURIOUS / FRAUD PHONE CALLS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

AUTHORISATION

To,

The Claims department,

ICICI Prudential Life Insurance Company Limited,

Subject: Authorisation letter from Claimant/Nominee for conducting checks and obtaining documents

Life Insurance Policy Number(s): _____

I, Mr./Ms. _____ (name), _____ (relation) of
Mr./Ms. _____ (name of the Life Assured) hereby give my consent to "ICICI Prudential
Life Insurance Company Ltd.", and/or its representative to obtain records (including photocopies)/information pertaining to the
Employment records, medical treatment records from any Hospital/Clinic/Doctor, Death related records or any other records
pertaining to treatment/occupation/death of the deceased.

Yours faithfully,

Claimant Signature

Witness Signature

Name of Claimant _____
(in block letters, family name first)

Name of the Witness _____
(in block letters, family name first)

Date: _____

Address of Witness: _____

Date: _____