

CLAIM INTIMATION CUM CLAIMANT'S STATEMENT (Informal Group)

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

MANDATORY DOCUMENTS REQUIRED FOR MAKING A CLAIM

Death claim:

1. Dully filled and signed Claimant statement form.
2. Copy of death certificate of the Life Assured, issued by government authority
3. KYC of Life Assured*
4. KYC of Claimant *
5. Copy of cancelled cheque / bank statement / bank passbook of the claimant
6. In case death due to unnatural causes such as Accidents (Road / Rail / Air etc), Murder, Suicide,
 - a. First Information Report (FIR), Inquest Panchnama / Final police investigation report from the police authority
 - b. Post Mortem Report (PMR), Viscera / Chemical examination Report/ Forensic Science Laboratory (FSL) Report issued by the hospital.
 - c. Driving License (of the Life Assured driving the vehicle in case of death due to a road accident
7. In case of death due to COVID-19, RTPCR report and death summary is needed
8. Certificate of Insurance
9. Voluntary consent form (If applicable)
10. ITR/ bank statement of life assured of past 2 years prior to death (If applicable)

* Officially valid documents - PAN + Aadhaar/ Passport/ Driver's License/ Voters Id

Note:

- Turnaround time for claim processing will start only after receipt all mandatory documents.
- The Company reserves the right to call for additional documents / requirements.
- This form needs to be filled with complete and correct information as these details are important for claim processing.
 - a. In case the Nominee under the policy is minor, Guardian/ Appointee may fill the Form and Guardianship Certificate to be submitted along with valid age proof of nominee in addition to the documents mentioned above.
 - b. In the event of death of the Nominee under the policy, Legal Heir of the Life Assured/ Nominee can submit a claim by providing any one of the following additional mandatory documents:
 - Nominee Death Certificate along with Succession Certificate, OR
 - "Will" of the Life Assured or the Nominee who died last, OR
 - Notarised Indemnity along with Affidavit of Rs 1,000/- from the current claimant along with No Objection Certificate from the remaining Legal Heirs, OR
 - Final Court order, if any

POLICY DETAILS:

Master Policy number(s): _____ Master Policyholder: _____

Type of claim: Death Critical Illness Accidental Death Benefit Rider
 Terminal Illness Accidental Total & Permanent Disability Benefit Rider

Member Name: _____

Member ID: _____

Address of Life Assured: _____

Date of Death/ Event: DD/MM/YYYY _____ Time of death: _____

Place of death (Hospital/ Residence/ Fields/ Any other please specify) _____

Name, address and telephone no. of the doctor who certified the death of the Life Assured _____

Cause of Death: Accidental Non-Accidental Suicide Others Please specify _____

SECTION I – INFORMATION OF CLAIMANT/ NOMINEE:

Claimant / Nominee Name: _____

Address: _____

City: _____ State: _____ Pin Code: _____

Contact details : Phone No: _____ Mob No.: _____ What's app opt in: Yes No

Email ID: _____ Relationship with Member: _____

Date of Birth: DD/MM/YYYY _____ Country: _____ Nationality: _____ PAN No.: _____

CLAIMANT / NOMINEE ELECTRONIC PAYOUT OPTION

Bank Name: _____

Branch Name & Address: _____

Bank Account Number: _____

IFSC Code

MICR Code

SECTION II AUTHORIZATION AND DECLARATION

- i. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- ii. I hereby declare that the particulars given in this form are true, correct and complete in all aspects and I take full responsibility of the genuineness and correctness of the details filled herein.
- iii. I hereby declare that I will complete all requirements and submit all documents as sought by the insurer for the purpose of evaluation of claim
- iv. If any transaction is delayed or not effected at all or for non-receipt of any payment on account of wrong/ incorrect/ incomplete information given by me in this form, I shall not hold the company responsible in any manner whatsoever.
- v. I hereby give my consent to ICICI Prudential Life Insurance Co Ltd and its representatives to obtain additional documents and/or information as is required to settle this claim and I request the relevant authorities to release the sought information to ICICI Prudential Life Insurance Co Ltd and its representatives.
- vi. I hereby agree to indemnify ICICI Prudential against all liabilities that ICICI Prudential may incur on account of any claim being made by any other person on the basis of possession of the Policy document, Certificate of insurance or otherwise.
- vii. By submitting my details, I override my NDNC registration and authorise ICICI Prudential Life Insurance and its representatives to contact me through call, SMS, WhatsApp and E-mail. I further consent to share my information on confidential basis with third parties for evaluating and processing this proposal.

Date: DD/MM/YYYY

Place _____

Name & Signature of the Nominee / Claimant

If split payment applicable: additional documents required

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

Risk commencement date: DD/MM/YYYY

The above mentioned information/ details are verified and accurate

The Insured member/ Nominee/ Beneficiary who had submitted the Claim Statement form is the same person who has been registered by the Master Policy holder as the Insured Member/ Nominee/ Beneficiary under the Group Master Policy.

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

Date*:

Signature/ Left Thumb Impression of Nominee/ Claimant*

Verified by _____
Name of the official of the Group Organiser

Company seal & Signature of the official

Date:

For Assistance: Please e-mail at group@icicprulife.com or write to us at ICICI Prudential Life Insurance Company Limited. Attn: Group Service Desk, ICICI Prudential Life Insurance Company Limited, Unit No 901A, 901B, Prism Tower, Mindspace, Link Road, Goregaon (West), Mumbai - 400 104.

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 1800-266-1999 (10am-7pm, Monday to Saturday, except national holidays and valid only for calls made from India). COMP/DOC/Jan/2025/211/8156.