

Group Term / Employee Deposit Linked Insurance - Claim Intimation Form



*Mandatory details to be filled

Policy Number*:

Date:

Type of Policy*: Group Term Employee Deposit Linked Insurance

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

| | |
|--|--|
| Name of the Member* | |
| Member ID* | |
| Date of Birth | |
| Date & time of death/ Date of diagnosis of CI / Date of Disability | |
| Place of death (E.g. Address of hospital) | |
| Cause of Death/Claim* (Please specify exact cause of death or exact medical condition of CI or exact reason for disability) | |
| Last working date (If applicable) | |
| Sum Assured* | |
| Rider Sum Assured (If applicable) | |
| Annual CTC/ Monthly Income (If Sum Assured is above 10 lakhs) | |

Details of leave taken one year prior to commencement of member's cover: (If applicable)

| From (Date) | To (Date) | Reasons for Leave | Nature of Illness (in case of leave on medical grounds) |
|-------------|-----------|-------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

If leave has been taken on medical grounds copies of leave applications and medical certificates produced by the Member must be attached herewith.

*Please provide the following details in case the claim payout cheque has to be issued in favour of the beneficiary:

| Sr. No. | Nominee/Appointee Name | Nominee Date of Birth | Relationship | Nominee Contact Details | Share % of Claim Amount |
|---------|------------------------|-----------------------|--------------|-------------------------|-------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |

PAYMENT DETAILS:

| | |
|---------------------------------|-------------------------|
| Term Amount to be paid (In ₹) : | Specify Name of Payee : |
|---------------------------------|-------------------------|

PAYMENT OPTION: Lump sum Installment
ADVANCE DISCHARGE VOUCHER

We _____ (name of the Company) understand and agree that ICICI Prudential Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon the payment of the Claim moneys in case of acceptance of the claim by the Company.

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.

Please affix
Re. 1/- revenue
stamp & sign Stamp
of the Company:
across the
stamp

Stamp of the Company:

Signature of the authorized signatory: _____

Name of the signatory: _____

Place: _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Mandatory Documents Required for Death Claim

- ⇒ The duly filled claim form with authorized signatory signature and company seal
- ⇒ Copy of Death Certificate
- ⇒ Beneficiary bank a/c details (Cancelled cheque/passbook copy to be enclosed reflecting nominee name, bank a/c no and IFSC code)
- ⇒ Last 2 Months Paid Salary Slip of the member (If sum assured is above 10 lakhs)
- ⇒ Sick Leave records of one year prior to scheme joining date (For cases wherein AAW clause is applicable)
- ⇒ RTPCR report/death summary is needed to process all cases where cause of death is COVID-19
- ⇒ KYC details of the Nominee

For any claims other than death, please find the mandatory documents below:

Document List for Terminal Illness

- ⇒ Claim form
- ⇒ Certificate of Terminal Illness (Stating that member is going to expire in 6 months)
- ⇒ Member KYC
- ⇒ Member's bank account details (cancelled cheque copy)
- ⇒ Treating doctor's certificate giving exact duration, diagnosis, prognosis and treatment given
- ⇒ First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers
- ⇒ Income Proof - Salary slip of 6 months (Additional requirement can be raised on case-to-case basis)
- ⇒ Current and previous medical records for last 5 years, if any
- ⇒ Other Insurance policy documents (if required) - Life/health/Mediclaim with details of past claim settlement letters

Document List for Critical Illness

- ⇒ Duly filed claim intimation form
- ⇒ Bank details of the claimant (cancelled cheque copy with printed name/ passbook)
- ⇒ Medical reports or special reports by registered physician/doctor relevant to the Critical Illness and its treatment which may be further validated by a physician/doctor appointed by the Company
- ⇒ Current and previous medical records for last 5 years, if any (First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers since onset of critical illness)
- ⇒ Any other document/ information that the Insurer may decide in the circumstances of a particular case

Document List for Accidental Death Benefit Rider

- ⇒ Claim form
- ⇒ Death certificate issued by local authority
- ⇒ Cancelled cheque copy of the claimant
- ⇒ First Information Report (FIR)/Police Final report
- ⇒ Post-mortem report (PMR)
- ⇒ Any other document if required - Hospital treatment Papers in case of hospitalization, Panchnama/Inquest report

Document List for Accidental Total & Permanent Disability Rider

- ⇒ Claim form
- ⇒ Certificate of Illness/Disability from Medical Practitioner
- ⇒ Member KYC
- ⇒ Member's bank account details (cancelled cheque copy)
- ⇒ Treating doctor's certificate giving exact duration, diagnosis, prognosis and treatment given (confirming disability to be lasting for more than 180 days)
- ⇒ First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers
- ⇒ Income Proof - Salary slip of 6 months (Additional requirement can be raised on case-to-case basis)
- ⇒ Current and previous medical records for last 5 years, if any
- ⇒ Other Insurance policy documents (if required) - Life/health/Mediclaim with details of past claim settlement letters

- The Company reserves the right to call for additional documents / requirements.
- Turnaround time for claim processing will start only after receipt all mandatory documents.

Nominee 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. 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.
- iv. 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.
- v. 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 or otherwise.

-: Instructions :-

1. Submission Methods: You can submit the form by any of these convenient methods:
 - ▶ By email - Kindly submit the form to grouplife@iciciprulife.com from the official email id of the authorized signatory
 - ▶ By Courier - Please courier the form to
Group Service Desk
ICICI Prudential Life Insurance Company Limited,
Unit No 901A, 901B, Prism Tower, Mindspace,
Link Road, Goregaon (West), Mumbai - 400 104.
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.