

Group Gratuity Scheme - Claim Intimation Form



Policy Number:

Date:

Name of the Trust:

Type of Claim: Death Retirement Resignation

Name of the Member:
Mr./Mrs./M/S. First Name Last Name

Member ID:

Date of Birth:

Date of Joining:

Normal Retirement Date:

Last Working Day:

Last Drawn Salary (Rs.):

Nature of Disability: _____

Completed years & month of service: years months

Additional Information in case of death claim:

Date and time of death:
Hrs Min

Place of death (E.g. Address of hospital, City): _____

Cause of claim: _____
(Please specify exact cause of death)

Details of leave taken one year prior to commencement of member's cover:

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 death claim payout cheque has to be issued in favor of the beneficiary:

Full Name of the Beneficiary:
Mr./Mrs./M/S. First Name Last Name

Relationship with deceased member:

Details of the Appointee (who should be a major) where beneficiary is a minor

Full Name of the Appointee:
Mr./Mrs./M/S. First Name Last Name

Relationship of appointee with beneficiary:

Acceptance & Sign of Appointee: _____

Documents required for processing death claim :

Cause of claim	Document required
Non Accidental Death	<input type="checkbox"/> Copy of Death certificate issued by local authority
Accidental Death / Murder / Suicide	<input type="checkbox"/> Copy of Post Mortem Report <input type="checkbox"/> Copy of FIR <input type="checkbox"/> Copy of Death Certificate issued by local authority

Details of Withdrawal of units :

Plan	Withdrawal (%) basisent required
Group Short Term Debt Fund	
Group Debt Fund	
Group Balanced Fund	
Group Growth Fund	
Group Capital Guarantee Short Term Debt Fund	

Payment Details:

Claim amount to be paid (Rs.) : _____

Specify Name of Payee : _____

We are aware that ICICI Prudential has a right to call for further information / documents

Advance Discharge Voucher:

We (name of the Trust) 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.

Please affix
Re. 1/-
revenue
stamp & sign
across the
stamp

Signature of the authorized signatory

Stamp of the Trust / Company :

Name of the signatory: _____

Place : _____

Date:

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

Instructions :

- The units to be withdrawn for the claim payment will be computed by using the NAV on the day of receipt of claim intimation or last requirement whichever is later.
- The claim cheque would be dispatched to the last address recorded by us
- 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.

CONTACT US

 Call us on 1800-266-1999	 Visit us at www.iciciprulife.com	 Write to our Communication Address	 Email us at grouplife@iciciprulife.com
--	--	--	--

ICICI Prudential Life Insurance Company Limited. Registered Address: - ICICI PruLife Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025. IRDAI Regn No. 105. CIN:L66010MH2000PLC127837.