

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.: 1800 2660 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

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

For Official Use Only

Branch Name: _____ Branch Code: _____

Interaction ID: _____

Employee Name: _____

Employee Code: _____ Sign: _____

Nominee name: _____

(Nominee name should match with name mentioned in policy certificate)

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: _____

Please scan the documents in FileNet under Claim service documents

Other (Please specify) _____

Date DD/MM/YYYY Time: ☐ On or Before 3PM ☐ After 3PM

Photograph
of Claimant
(mandatory)

STAMP & TIME

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 _____

Policy No.	Company Name/TPA	Sum Assured	Status (Active/Lapsed/Applied/Matured)

Claimant Name: ☐ Mr. ☐ Ms. FIRST MIDDLE LAST

Claimant Name: ☐ Mr. ☐ Ms. FIRST MIDDLE LAST

(Communication address or the permanent address should match with address proof provided)

Communication FIRST LAST

Address: _____ BUILDING _____ FLOOR _____ BOARDNAME/NO _____

Pincode: State: Country: Nationality:

Mobile No.: MOBILE Telephone with STD code: TELEPHONE Alternate Mobile number: ALTERNATE MOBILE

Office & / or Personal Email ID: _____

What's app opt in : ☐ Yes ☐ No

Convenient time to call:

☐ 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.

Permanent FIRST LAST

address: BUILDING NO. ROADNAME/NO.

Pincode: State: Country: Nationality:

Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents ☐ Others SPECIFY _____

Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary

Claimant's PAN details:

--	--	--	--	--	--	--	--

 Or ☐ Form 60

Politically exposed person: ☐ Yes ☐ No

US Person: ☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)

(Direct transfer of funds to your Bank Account) Please submit cancelled cheque / cheque copy along with this form

In case of children's plans, if beneficiary is a minor, please provide beneficiary's account details

Bank Account No.: _____


(as mentioned in Bank Account)

Mobile Number:

Bank Name & Branch:_____

Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE

IFSC: _____ MICR: _____

CBS		DATE - - - -
PERSONAL BANKING : SAVING ACCOUNT		
PAY - - - - -		- - - - - OR BEARER
RUPEES		Rs.
SBGEN A/c No.	ANWB	
	005070123756	
 ICI Bank ICI Bank Limited Probationers Branch Ground Floor, Kala Academy, Ravindra Nalaya Mandir Probationers Market - 400 028		
↑	RTGS / NEFT IFSC Code : ICI0000057	Authorized Signatory
338894	400229013	000000
↑	↑	↑
Branch Address	MICR Code	IFSC Code

The payout mode selected in this form would be used by the Company to make all payout(s) to the claimant. Payouts would be in accordance and subject to the terms and conditions of the policy. Further the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque inspite of opting for electronic payout method. Responsibility of providing IFSC code lies with the customer. Please note that IFSC code for RTGS & IFSC code for NEFT may be different. I will not hold ICICI Prudential Life Insurance Company Ltd. responsible in cases of non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete / incorrect information.

X
Signature / Thumb impression of the claimant

Place: _____ Date: DD/MM/YYYY

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
- I hereby provide my consent and authorize ICICI Prudential Life Insurance Co. Ltd. to use my PAN details and other information provided by me/us in this claim form to register/update/download/verify my/our KYC documents on/from the CERSAI* CKYC portal for processing this claim, any future applications, or any other requests. I/We understand that only the acceptable officially valid documents would be relied upon for processing any requests/applications. (*Central Registry of Securitization and Asset Reconstruction and security Interest of India)

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@icicprulife.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.

© ICICI Prudential Life Insurance Co. Ltd. All rights reserved. Registered with Insurance Regulatory & Development Authority of India (IRDAI) as Life Insurance Company. Regn. No. 105. CIN: L66010MH2000PLC127837. Reg. Off.: ICICI PruLife Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai 400025. Tel.: 40391600. *Customer helpline number - 1800 2660 (Toll-free). Timings - 10:00 A.M. to 7:00 P.M., Monday to Saturday (except national holidays). NRI helpline number - +91 80693 85555 - 24x7 (except for national holidays). For information on our grievance redressal policy, visit www.icicprulife.com. Member of the Life Insurance Council. Trade Logo displayed above belongs to ICICI Bank Ltd & Prudential IP services Ltd and used by ICICI Prudential Life Insurance Company Ltd under license. COMP/DOC/Aug/2024/98/6869.

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)

Date: _____

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

Address of Witness: _____

Date: _____