CRITICAL ILLNESS/PD CLAIM FORM



- $\bullet \ \, \text{The Claimant statement form must be filled by the beneficiary under the policy or by the legally entitled person}$
- Early submission of this form along with the required documents listed below, will enable us to process your claim faster
- To initiate claim processing please submit all documents
- Send all required documents to "Claim" address mentioned on last page of this form

DOCUMENTS TO BE SUBMITTED#					
Critical Illness Claim / PD					
 Original Policy Certificate Definition Fulfillment Document (Medical Test report, Discharge sum) Cancelled cheque for processing electronic payment Hospital main bill #Additional medical records may be called on case to case basis 					
POLICY DETAILS: Policy Number(s):					
Name of Annuitant (as mentioned in the Policy Certificate) Name of beneficiary / beneficiaries Address: City:					
State: Pin Code: Phone No: Mob No:					
Updation of PAN No: Relationship with the Annuitant: In case of correction or updation of PAN no., provide us with a copy of your PAN Card.					
DETAILS OF CLAIMANT: a) Name: b) Address: City:					
State: Pin Code: Phone No: Mob No:					
c) Date of birth: DDMMMYYYY Email ID:					
d) Relationship with the Life Assured: Name of joint life (if applicable)					
Signature of Annuitant/beneficiary/beneficiaries (please mention name alongside)					
Date of Death: D D M M Y Y Y Y					
Documents Enclosed: Photo Identity Proof Other:					
Your claim request will be processed within 7 working days from the receipt of all required documents. The table is a state of the second state					

- Photo identity proof (passport or election card or pan card) will be required for all beneficiaries or joint life as applicable
- $\bullet \ \text{In the event of multiple beneficiary, details mentioned in the last nomination form will be applicable } \\$
- In case of requirement of any additional information, we will get in touch with you. In case of Life Annuity excess payment made before the intimation of death to be returned to ICICI Prudential Life Insurance Co. Ltd.

DETAILS OF INSURED PERSON HOSPITALIZED:					
a) Name:					
b) Gender: Male Female c) Age: Years Months d) Date of birth: DDMMMYYYYY					
e) Relationship to Primary insured: Self Spouse Child Father Mother Other (Please Specify)					
f) Occupation: Service Self Employed Homemake Student Retired Other (Please Specify)					
g) Address: (if different from above) City:					
State: Pin Code: Phone No:					
Phone No: Email ID:					
DETAILS OF HOSPITALIZATION:					
a) Name of Hospital where Admitted:					
b) Room Category occupied: Day care Single occupancy Twin sharing 3 or more beds per room					
c) Hospitalization due to: Injury Illness Maternity					
d) Date of Injury / Date Disease first detected /Date of Delivery:					
e) Date of Admission: DDDMMMYYYYY f) Time: HH MM g) Date of Discharge: DDMMMYYYY h) Time: HH MM					
i) If Injury give cause: Self inflicted Road Traffic Accident Substance Abuse/Alcohol Consumption					
I) If Medico legal: Yes No II) Reported to police Yes No III) MLC Report & Police FIR attached: Yes No					
j) System of Medicine:					
Reason for claim CI PD					
If Critical Illness, then					
Cancer of Specified Severity					
Heart Attack					
Open Chest CABG:					
Kidney Failure Requiring Regular Dialysis:					
Stroke Resulting In Permanent Symptoms:					
Major Organ/ Bone Marrow Transplant					
Permanent Paralysis of limbs					
ELECTRONIC DAVOLIT OPTION (Direct transfer of funds to your David Associat) Places submit agreefled shows a few source garden with this forms)					
ELECTRONIC PAYOUT OPTION (Direct transfer of funds to your Bank Account) Please submit cancelled cheque / cheque copy along with this form.) Name of Account Holder					
(as mentioned in Bank Account)					
Bank Name					
Branch Name & Address					
CBS Account No. CBS PERSONAL BANKING: SAVING ACCOUNT DATE					
IFSC Code RUPEES OR BEARER					
SBGEN AK-No. ANWB 005070123756					
MICR Code ClC Bank Clc Bank					
9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for verifying MICR code.					
1					
Account Type Current Account Saving Account 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 chaque 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 provided by me in this form.					
×					
Signature / Thumb impression of the Annuitant Place: Date: D					

AUTHORIZATION / DECLARATION To, Claims Team, ICICI Prudential Life Insurance Limited, Mumbai					
Policy Number (s):					
I, Mr./Ms./Mrs.	(name),				
(relation) of Mr./Ms./Mrs. statements are true in each & every respect.		(name of the Annuitant), c	do hereby declare that the above		
(I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited.)					
I hereby give my consent to ICICI Prudential Life Insurance Co. Ltd. and its reprefrom past and the present employer(s)/ Business Associates/ Medical Practition life and non-life insurance company and Life Insurance Association's Medical Re	ners/Hospi				
I hereby request the relevant authorities to release to ICICI Prudential Life Insurance Co. Ltd. and its representatives any details regarding state of health, habits and occupation of the life assured within his/ her knowledge before or after the policy was issued and ICICI Prudential Life Insurance Co. Ltd. to release to any Life and non-life insurance company/ or life insurance Association's medical register, such details and provide the record of employment/business or other details as may be considered relevant.					
Yours faithfully,		Mobile Number			
		Place:			
X Signature / Thumb impression of the Annuitant		Date:	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Witness Authorization (Required where Annuitant has provided Thun	nb Impres	sion / Signature in Verna	acular Lanauaae)		
Content of this form and its particulars has been explained by me in vernace	-	_	zoulai zaliguago,		
Name of the Witness: Relation with Claimant					
		Mobile Number			
		Place:			
X Signature of the Witness		Date:			
ICICI Prudential Life Insurance Company Limited. Registered Address: - ICICI PruLife Tower No. 105. CIN:L66010MH2000PLC127837. Call us on 1-860-266-7766 (10am-7pm, Monday Trade Logo displayed above belongs to ICICI Bank Ltd & Prudential IP services Ltd and us Comp/doc/Nov/2017/0536	/ to Saturday	y, except national holidays and	valid only for calls made from India).		
CONTACT US					
Visit our website: www.iciciprulife.com Email us at: myannuity@iciciprulife.com		Call us at: 1860 266 1999*	Write to us at our Communication Address		

*Call us at 1860 266 1999 (local charges apply) – for Group Annuity queries please select option 1 from the main menu. Please do not prefix "+" or "91" or "00" before the number. Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays).

Communication Address