

CLAIM STATEMENT FORM - LENDER BORROWER GROUP (DEATH CLAIMS)

Master Policy number(s) _____ Master Policyholder _____

Member Name _____ Member ID/Loan Account _____

MPH Branch name & code _____ Employee name & Code _____

MANDATORY DOCUMENTS REQUIRED FOR MAKING A CLAIM	SUBMITTED	
Duly filled and signed 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
Duly filled and signed 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

MANDATORY DOCUMENTS BASED ON CAUSE OF DEATH	SUBMITTED	
In case death due to unnatural causes such as Accidents (Road/Rail/Air etc), Murder, suicide, etc.,		
First Information Report (FIR) from the police authority	Yes	No
Inquest Panchnama Report	Yes	No
Final police investigation report	Yes	No
Post Mortem Report (PMR) issued by the hospital	Yes	No
Viscera / Chemical examination report	Yes	No
Newspaper Cutting, if any	Yes	No
Driving License (of the Life Assured driving the vehicle in case of death due to a road accident)	Yes	No
Hospitalization / treatment records if any	Yes	No

MANDATORY DOCUMENTS IN CASE DEATH IS 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:

- Documents required from Master Policy holder to process the claims; 1. Credit Account Statement. 2. Information and documents pertaining to the Member.
- 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 by the Nominee 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

CLAIM STATEMENT FORM - LENDER BORROWER GROUP (DEATH CLAIMS)

SECTION A*

LAN NO (MANDATORY): _____

Policy number(s): _____

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) _____

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
☐ Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease ☐ Kidney disease ☐ Cancer ☐ Others	
Any hospitalisation / Illness in last 5 yrs. ☐ Yes ☐ 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): _____

Other Insurance details: (Life/Mediclaim/Health)

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

DETAILS OF CLAIMANT

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

Date of Birth: DD/MM/YYYY

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

Communication FIRST LAST

Address: BUILDING ROAD/NAME/NO

LANDMARK

CITY/VILLAGE

DISTRICT STATE COUNTRY

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: _____

Mobile number _____ Mobile number _____

DECLARATION FROM THE CLAIMANT

The Claimant has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Claimant 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

SECTION D* - DECLARATION BY THE MASTER POLICYHOLDER

a) Sum Assured for which the member of the Group Insurance Policy was insured	
b) Original Amount of Loan (A)	
c) Particulars of the recoveries made by the Master Policyholder towards the Loan	
d) Outstanding Loan Balance as on the date of happening on the contingent event covered. (Amount Payable to Master Policyholder) (B)	
e) Balance Claim Amount (Amount Payable to nominee) (A-B)	

The above mentioned details if provided then Credit Account Statement is not required

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.

Date: DD/MM/YYYY

Place: _____

Office Seal & Designation

Name & Signature of the Master Policy Holder

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: _____