ICICI Pru Health Saver / ICICI Pru Hospital Care II - Health Check-up Claim Form

ICICI PRUDENTIAL LIFE INSURANCE

Important Instructions:

- The benefit under Health Check up can only be claimed for medical investigations and diagnostic tests undergone by life assured.
- Only the person entitled to receive the policy benefits as stated in the Policy Document should fill and sign this form.
- Aggregate benefit is subject to the following limits:
  1. For Health Saver: ₹ 5000 or 1% of Annual Limit, whichever is lower.
  2. For Hospital Care II: ₹ 4000 irrespective of plan.
- Please note that this benefit can be availed once in every two policy years after the first policy year and subject to the policy being In force.
- Please submit duly filled and signed form along with the requirements mentioned below.
- Submission of this form to the company is not to be taken as admission of liability.
- The company reserves the right to call for additional documents / requirements.
- Turn around time for claim processing will start only after receipt all mandatory documents

Recent photograph of the Owner/Proposer (Mandatory)

MANDATORY DOCUMENTS REQUIRED FOR MAKING A CLAIM	SUBMITTED	
1. All Original bills	Yes	No
2. Pan card/ Form 97 (as applicable and defined in Income-tax Rules, 2026) of the Owner/Proposer	Yes	No
3. Owner/Proposer's Photo identity proof*	Yes	No
4. Owner/Proposer address proof*	Yes	No
5. Recent photograph of the Owner/Proposer	Yes	No
6. Copy of cancelled cheque / bank statement /bank passbook of the Owner/Proposer**	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/trustee as applicable.

*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)

Policy Number | | | | | | | | **Date** D D M M Y Y Y Y

Product Name

Name of Policy Holder
Mr./Ms./Mrs. First Name Middle Name Surname

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

Communication address

Landmark Pin Code

Permanent Address

Landmark Pin Code

Contact Nos.
STD Residence STD Office Ext. ISD Mobile

Pan Number | | | | | | | | | | **or** ☐ **Form 97 (as applicable and defined in Income-tax Rules, 2026)**

What's app opt in: ☐ **Yes** ☐ **No**

Date of birth: D D M M Y Y Y Y **Email ID:**

☐ By submitting my details, I override my NDNC registration and authorize 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

E-Mail ID

Are you a Politically Exposed Person (Owner/Proposer)? ☐ Yes ☐ No

Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

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

Medical Investigation Details :

Name of life assured	Date of Medical Investigation	Details of Medical Investigation	Name of Hospital/Centre Where Medical Investigation is Done	Purpose of Medical Investigation	Amount
	dd/mm/yyyy				
	dd/mm/yyyy				
	dd/mm/yyyy				
	dd/mm/yyyy				
	dd/mm/yyyy				
	dd/mm/yyyy				
Amount in words:			**Total Amount in ₹:**		
No.of bills attached:			No. of reports attached:		

Signature of life assured/ proposer (if Minor then Proposer)

DECLARATION TO BE MADE BY A THIRD PERSON IN CASE FORM IS FILLED/ SIGNED IN VERNACULAR LANGUAGE

The Owner/Proposer 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 Owner/Proposer in _________________________________ language and he/she has signed/ affixed his/ her thumb impression in my presence after fully understanding the same. I further declare that I have truthfully recorded the details provided to me.

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@iciciprulife.com.

Signature of Declarant

Owner/Proposer NEFT MANDATE/BANK ACCOUNT DETAILS (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)

Mobile No: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Bank Name ____

Branch Name and Address ____

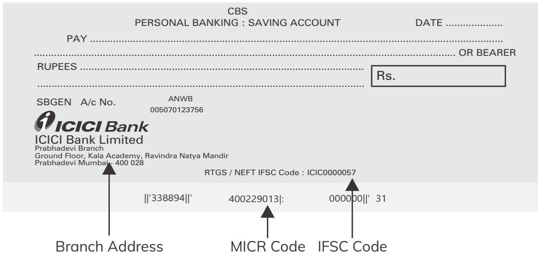
Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE

CBS Account No. [ ]

IFSC Code [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

MICR Code [ ][ ][ ][ ][ ][ ][ ][ ][ ]

9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for verifying MICR code.



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 and 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 Owner/ Proposer Place: _______________ Date: DD/MM/YYYY

For Office Use Only (Branch Operations)

Policy Number [ ][ ][ ][ ][ ][ ][ ][ ] **Date** D D M M Y Y Y Y

Name of the Policy Holder [ ]

Original Documents Submitted ☐ Yes ☐ No

Employee Name and Code: ____

STAMP AND TIME

SPAARC Call ID : ________________________ **Please scan the documents in FileNet under Claim service documents**

Other (Please specify) ____ **Date** ______________ **Time: On or** ☐ **Before 3PM** ☐ **After 3PM**

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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.

Get answers to all your claim related queries

Explore our FAQs section
Scan QR code to view now

CONTACT US:

Call 24X7 Claim helpline:	Email us:	Chat on WhatsApp:	Visit our branch:
1800 2660 (For calls within India) +91 8069385555 (For calls outside India)	claimsupport@iciciprulife.com	Type 'Claim' and send to 9920667766	To Locate www.iciciprulife.com→contact us

ICICI Pru ClaimCare

ICICI PRUDENTIAL LIFE INSURANCE

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for ICICI Pru Health Saver / ICICI Pru Hospital Care II - Health Check-up Claim Form

Policy Number | | | | | | | | **Date** D D M M Y Y Y Y

Name of Proposer/Life assured

Branch Name and code

Employee name **Employee code**

STAMP AND TIME

Note:

- The acknowledgment slip should not be construed as acceptance of claim.
- Turn around time for claim processing will start only after receipt of all mandatory documents.
- Company reserves the right to call for further documents incase the details or information provided in relation to the claim is found to be incorrect / incomplete.
- Please refer to the policy document or visit Company website for complete list of mandatory documents required to be submitted along with the claim form.
- Please submit the claim form in Company prescribed formats, as available on the Company Website
- Claim is payable subject to receipt of premiums due under the policy from the insured and fulfilment of all terms and conditions of the policy.
- Any payout under the policy shall be strictly made in accordance with the terms and conditions of the policy.
- 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.