

Terminal Illness Claim Statement Form - Lender Borrower Group

(Please note: This form should be used only for Terminal Illness Claim - MFI Policy)

MANDATORY DOCUMENTS REQUIRED FOR MAKING A CLAIM

Terminal Illness claim:

1. Dully filled in and signed Claim Statement form
2. Life Assured's current address proof *
3. Life Assured's photo identity proof *
4. Copy of cancelled cheque / bank statement / bank passbook of the Life Assured
5. Medical Certificate to be completed by the Medical Practitioner/s (Enclosed with the claim form)
6. No objection certificate/ loan credit account statement from the institution/bank/lender from where the loan was availed

* Any one of the officially valid documents such as Aadhar Card, Passport, Driver's License, Voters ID

Note:

- Documents required from Master Policy holder to process the claims; 1. 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 in by the Life Assured with complete and correct information as these details are important for claim processing.

POLICY DETAILS:

Master Policy number(s): _____ Master Policyholder: _____

Member Name: _____

Member ID/Loan Account number: _____

SECTION I – INFORMATION OF LIFE ASSURED:

Life Assured Name: _____

Address: _____

City: _____ State: _____ Pin Code: _____

Contact details : Phone No: _____ Mobile No.: _____

Email ID: _____ PAN No.: _____ Date of Birth: DD/MM/YYYY

ELECTRONIC PAYOUT OPTION:

Bank Name: _____

Branch Name & Address: _____

Bank Account Number: _____

IFSC Code

SECTION II AUTHORIZATION AND DECLARATION:

- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- I confirm that I am aware of the assignment of the policy and I provide my consent to ICICI Life Insurance Limited to process the payment towards the outstanding loan amount as on the date of occurrence of the contingent event to the master policyholder. I also confirm that I have verified the outstanding loan amount in the credit account statement.
- I hereby declare that the particulars given in this form are true, correct and complete in all aspects and I take full responsibility of the genuineness and correctness of the details filled herein.
- I hereby declare that I will complete all requirements and submit all documents as sought by the Company for the purpose of evaluation of claim.
- If any transaction is delayed or not effected at all or for non-receipt of any payment on account of wrong/ incorrect/ incomplete information given by me in this form, I shall not hold the Company responsible in any manner whatsoever.
- I hereby give my consent to ICICI Life Insurance Limited and its representatives to obtain additional documents and/or information as is required to process this claim and I request the relevant authorities to release the sought information to ICICI Life Insurance Limited and its representatives.
- I hereby agree to indemnify ICICI Life against all liabilities that ICICI Life may incur on account of any claim being made by any other person on the basis of possession of the Policy document, Certificate of insurance or otherwise.
- By submitting my details, I override my NDNC registration and authorise ICICI Life Insurance Limited and its representatives to contact me through call, SMS, WhatsApp and E-mail. I further consent to share my information on a confidential basis with third parties for evaluating and processing this proposal.

Date: DD/MM/YYYY

Place _____

Name & Signature of the Life Assured

SECTION III - 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

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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.

Medical Certificate (To be completed by the Medical Practitioner/s)

All the details in the Medical Certificate below should be filled by the Medical Practitioner (Doctor)
with complete and correct information of the patient

Name of the Patient: _____

a) Nature of Terminal Illness: Kindly tick the option

Name of Terminal Illness	Code	Please select (x/√)	Name of Terminal Illness	Code	Please select (x/√)
Cancer	TI-01		Major Burns	TI-04	
Cerebrovascular Accident (CVA)/Stroke	TI-02		Chronic Liver disease	TI-05	
Chronic Lung Disease	TI-03		Chronic kidney disease	TI-06	
Any other	TI-10				

a) If answered as Any Other, please provide details of Terminal Illness: _____

b) Date of diagnosis DD/MM/YYYY

c) Kindly provide presenting symptoms and diagnoses of the Terminal Illness mentioned: _____

d) Treatment given/ provided to the patient for Terminal Illness: _____

e) What is the likelihood of the patient surviving: Kindly tick box – Less than 6 months ☐ More than 6 months ☐

Hospitalisation details:

- Name of Hospital/s: _____
- Date of Admission: _____ Date of Discharge: _____
- Details of Procedure/ Surgery (where applicable): _____

Please attach a separate document with any additional details pertaining to Hospitalisation, treatment, diagnosis etc (as required)

Certified by Medical Practitioner - 1

Title: Doctor _____ First name _____ Surname _____

Address and Postal code _____

Medical Registration number _____ Mobile number _____

I provide my independent medical opinion regarding the Diagnosis of the Terminal Illness and state that the answers given are correct to the best of my knowledge and belief.

Date: DD/MM/YYYY

Place _____

Sign and Stamp of Medical Practitioner

Certified by Medical Practitioner - 2

Title: Doctor _____ First name _____ Surname _____

Address and Postal code _____

Medical Registration number _____ Mobile number _____

I provide my independent medical opinion regarding the Diagnosis of the Terminal Illness and state that the answers given are correct to the best of my knowledge and belief.

Date: DD/MM/YYYY

Place _____

Sign and Stamp of Medical Practitioner