

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
No objection certificate/ loan credit account statement from the institution/bank/lender from where the loan was availed	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
No objection certificate/ loan credit account statement from the institution/bank/lender from where the loan was availed	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. 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.
 - 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.
 - 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: _____

☐ By submitting my details, I override my NDNC registration and authorise ICICI 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 address: FIRST LAST
BUILDING ROADNAME/NO
LANDMARK
CITY/VILLAGE
DISTRICT STATE COUNTRY
Pincode: _____ State: _____ Country: _____ Nationality: _____

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

Claimant's PAN details:

Politically exposed person: ☐ Yes ☐ No

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

CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS along with this form (Direct transfer of funds to your Bank Account) Please submit cancelled cheque / cheque copy

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

Bank Account No.: _____
(as mentioned in Bank Account)

Account Holder Name: _____

Mobile Number: _____

Bank Name & Branch: _____

Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE

IFSC: _____ MICR: _____

CBS
PERSONAL BANKING : SAVING ACCOUNT
DATE: 31/03/2018
PAY TO THE ORDER OF: _____
RUPEES: _____
Rs.
SBGEN A/c No. ANWB 005070123756
ICICI Bank
ICICI Bank Limited
Prabhadevi Branch
Ground Floor, Kalya Academy, Ravindra Natya Mandir
Prabhadevi Mumbai - 400 028
RTGS / NEFT IFSC Code : ICIC0000057
Authorized Signatory
Branch Address: 338894
MICR Code: 400229013
IFSC Code: 000000 31

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 Life Insurance Limited. 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

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 confirm that I am aware of the assignment of the policy and I provide my consent to ICICI Life to process the payment of 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 understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions
- 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 Life Insurance Limited, from both the past and present
- I hereby declare that I will complete all requirements and submit all documents as sought by the insurer for the purpose of evaluation of claim
- A photo copy of this declaration shall be considered as valid and effective
- I authorise ICICI Life Insurance Limited 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

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 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@icicilife.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

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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.

AUTHORISATION

To,

The Claims department,

ICICI Life Insurance 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 Life
Insurance Limited", 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: _____