

- 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

SUBMITTED

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

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.

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



Call 24X7 Claim helpline:
1800 2660 (For calls within India)
+91 8069385555 (For calls outside India)



Email us:
claimsupport@icicprulife.com



Chat on WhatsApp:
Type 'Claim' and send
to 9920667766



Visit our branch:
To Locate
www.icicprulife.com → contact us

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

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.