

Mandatory Documents Required:

If Natural death

- ✓ Duly filled Claim intimation form (format attached)
- ✓ Death certificate issued by Govt.
- ✓ Beneficiary KYC & bank details or cancelled cheque leaf(A/C Number, MICR code , IFSC code and Name Printed).
- ✓ Salary slip of 2 months prior to date of death of the member.
- ✓ Sick Leave Records for last one year prior to date of scheme joining

If Accidental death, suicide

- ✓ Duly filled Claim intimation form (format attached)
- ✓ Death Certificate issued by Govt.
- ✓ FIR copy
- ✓ Post mortem report
- ✓ Beneficiary KYC & bank details or cancelled cheque leaf(A/C Number, MICR code , IFSC code and Name Printed).
- ✓ Salary slip of 2 months prior to date of death of the member.
- ✓ Sick Leave Records for last one year prior to date of scheme joining

In case of death due to Covid - 19 & illness;

- ✓ Duly filled Claim intimation form (format attached)
- ✓ Death Certificate issued by Govt.
- ✓ Relevant Medical Reports & Previous medical ailment reports
- ✓ Hospital discharge / death summary
- ✓ Beneficiary KYC & bank details or cancelled cheque leaf (A/C Number, MICR code, IFSC code and Name Printed).
- ✓ Salary slip of 2 months prior to date of death of the member.
- ✓ Sick Leave Records for last one year prior to date of scheme joining
- ✓ Since death is due to COVID-19, please provide RTPCR report to establish date of contracting.
- ✓ Please confirm if the member was COVID positive at the time of risk commencement. (Yes / No)



Group Term/Employee Deposit Linked Insurance Claim Intimation Form

Policy Number:

Date: DD MM YYYY

Client name:

Type of Policy: ☐ Group Term

☐ Employee Deposit Linked Insurance

Type of Claim: ☐ Death

☐ Terminal Illness

Name of the member	
Member id	
Date of Birth	
Date of Death /Date of diagnosis of TI	
Place of death	
Cause of claim (Please specify exact cause of death or exact medical condition of TI)	
Last working date applicable	

Details of leave taken one year prior to commencement of member's cover: -

From (Date)	To (Date)	Reason for Leave	Nature of illness (incase if leave on medical grounds)

Please attach detailed leave details along with this form incase required

Cause of claim	Documents required
Non Accidental Death	<input type="checkbox"/> Copy of Death certificate issued by local authority
	<input type="checkbox"/> Copy of discharge card/summary from the hospitals where the member was treated/diagnosed
Terminal Illness	<input type="checkbox"/> Copy of all diagnostic test reports & other hospital/medical records

Please provide bank A/C details of nominee/s (passbook/cancelled cheque copy with beneficiary name printed on same) for the payment. If nominee is a minor please mention appointee details.

Sr No	Nominee / Appointee Name	Relationship	Share % of claim amount
1			
2			
3			

Term Amount to be paid (Rs.):

Specify Name of Payee:

We are aware that ICICI Prudential has a right to call for further information/documents.

Advance Discharge Voucher:

We (name of the Company) understand and agree that ICICI Prudential Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon the payment of the Claim moneys in case of acceptance of the claim by the Company.

Signature of the authorized signatory: _____

Name of the signatory: _____

Place: _____

Stamp of company

Date: DD MM YYYY

For Assistance: Please email at grouplife@iciciprulife.com marking your relationship manager or you can alternately also write to us at ICICI Prudential Life Insurance Company Limited. Attn: Group Service Desk, ICICI Prudential Life Insurance Company Limited, Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097.

Registered Address: ICICI Prudential Life Insurance Company Limited. Registered Address:-ICICI Prulife Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai 400025. IRDAI Regn No. 105 CIN U66010MH2000PLC127837. Product UIN 105N119V04.