





**AUTHORIZATION / DECLARATION**

To,  
**Claims Team,**  
**ICICI Prudential Life Insurance Limited, Mumbai**

**Policy Number (s):** \_\_\_\_\_

I, Mr. / Ms. / Mrs. \_\_\_\_\_ (name), \_\_\_\_\_  
 (relation) of Mr. / Ms. / Mrs. \_\_\_\_\_ (name of the Life Assured), do hereby declare  
 that the above statements are true in each & every respect.

I hereby give my consent to ICICI Prudential Life Insurance Co. Ltd. and its representatives to obtain information/ documents (including photocopies) from past and the present employer(s)/ Business Associates/ Medical Practitioners/Hospitals (Government/Private)/ Birth and Death Registrar/ Any life and non-life insurance company and Life Insurance Association's Medical Register.

I hereby request the relevant authorities to release to ICICI Prudential Life Insurance Co. Ltd. and its representatives any details regarding state of health, habits and occupation of the life assured within his/ her knowledge before or after the policy was issued and ICICI Prudential Life Insurance Co. Ltd. to release to any Life and non-life insurance company/ or life insurance Association's medical register, such details and provide the record of employment/business or other details as may be considered relevant.

Yours faithfully,

Mobile Number \_\_\_\_\_

✕

**Signature / Thumb impression of the Owner/ Proposer**

Place: \_\_\_\_\_

Date: \_\_\_\_\_ DD/MM/YYYY \_\_\_\_\_

**Witness Authorization (Required where Owner/ Proposer has provided Thumb Impression / Signature in Vernacular Language)**

Content of this form and its particulars has been explained by me in vernacular language to the Owner/ Proposer

Name of the Witness: \_\_\_\_\_ Relation with Claimant \_\_\_\_\_

Mobile Number \_\_\_\_\_

✕

**Signature of the Witness**

Place: \_\_\_\_\_

Date: \_\_\_\_\_ DD/MM/YYYY \_\_\_\_\_

  
**Customer Helpline No.: 1860 266 7766**

**ACKNOWLEDGMENT SLIP  
 (HEALTH CLAIMS)**



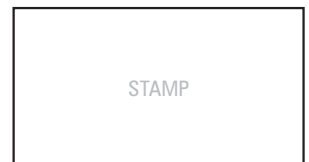
**Policy Number(s)** \_\_\_\_\_

**Name of Claimant** \_\_\_\_\_





**Branch Name & Code** \_\_\_\_\_

**Date** \_\_\_\_\_ DD/MM/YYYY \_\_\_\_\_ **Employee Name & Code** \_\_\_\_\_

Documents submitted (Please select ✓/✕)	Original	Photocopy
Policy Certificate		
Discharge Card		
Investigation Reports & Bills		
Hospital / Pharmacy Bills & Receipts		
ECS and Cancelled cheque for Payment		



- At ICICI Prudential Life insurance Co. Ltd our endeavor is to ensure that customer receives communication within 15 days from receipt of all requisite documents
- The acknowledgment slip should not be construed as acceptance of claim. The Company reserves the right to call for additional documents/ requirements

<b>CLAIM CONTACT POINTS</b>			
 <b>Claim Cell:</b> ICICI Prudential Life Insurance Co. Ltd., 9th Floor, B wing, Office No. 906, BSEL Tech Park, Opp. Vashi Station, Sector 30, Vashi, Navi Mumbai – 400706.	 <b>24x7 Customer Helpline No.:</b> 1860 266 7766	 <b>Email us:</b> lifeline@iciciprulife.com	 <b>SMS Service:</b> ICLAIM <space> 8 digit policy no. to 56767