

Login to Issuance Process Document

Agenda

- Login journey
- Important functionalities
- Backend efficiencies
- Issuance process flow

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- Important functionalities
- Backend efficiencies
- Issuance process flow

Login flow chart



Login flow chart



Step 1 : Login credentials and Dashboard

Description

Once you visit www.iciciprulife.com, you land on the Home Page where you need to login via :Employee- select sales - enter your user ID and password in Login section

Your login credentials ensure that the credit of the application is given to you

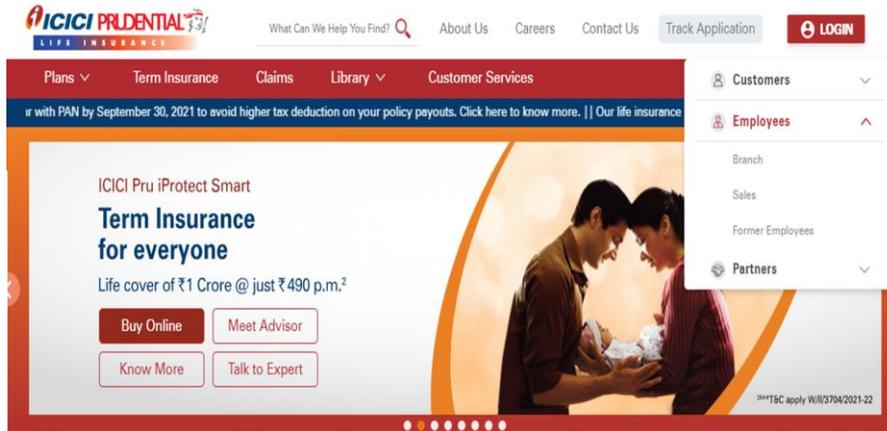
Key take-away

Please select correct role

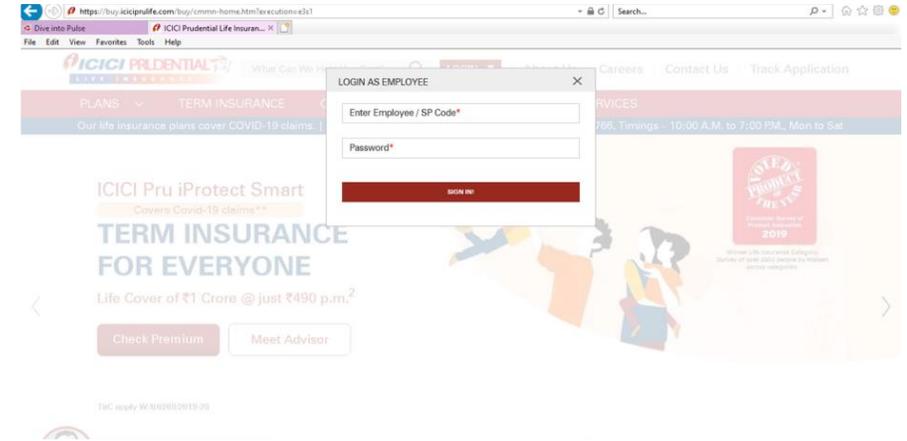
Enter your login credentials also correctly

Step 1

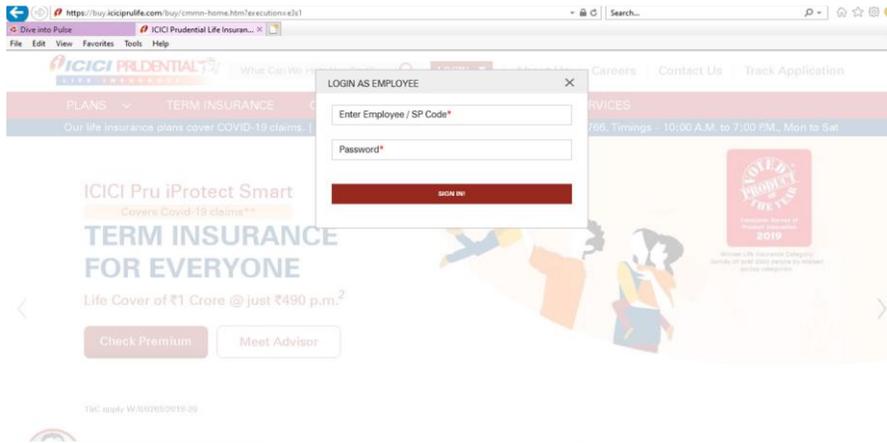
Visit
icicprulife.com



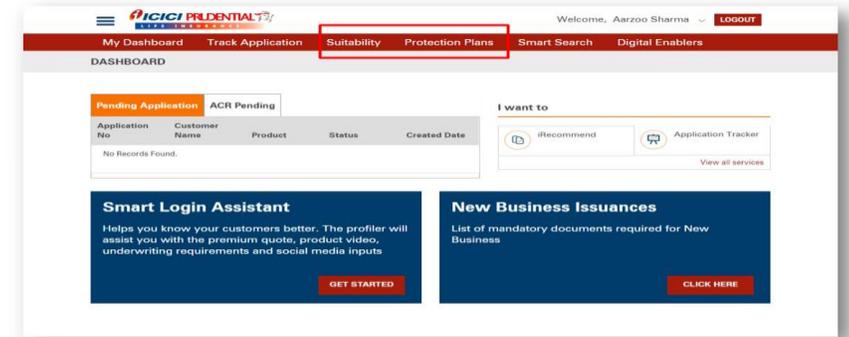
Login with
Employee -
Sales



Enter Employee
code &
password and
Sign in



Dashboard



Select Suitability option for non term products
Select Protection plan for term and health products

Login flow chart



Step 2 : Suitability analysis

Description

This section is a regulatory requirement and must be filled post discussion with the proposer or life to be assured (person who is paying the premium)

Helps you to analyze customer's requirement on the basis of life stage, life goals and risk appetite and suggest suitable products

Once you enter the details, based on the suitability analysis, all the products that the customer is eligible for, are displayed

In case the customer is not interested in the recommended products/funds, he/she can select the product/fund of his/her choice from 'View all' section

If the customer selects a product/fund different from the ones recommended as per suitability analysis, he needs to give a separate declaration in the CDF

Step 2

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

Date of Birth (Proposer)* Your Income:* Email ID:

Mobile Number: Life Stage* Financial and Family Goals*:

This Policy is for:* Goal Horizon(in years):* Risk Profile*:

Payment Preference:* Insurance Portfolio Held:

Remaining Characters 12

NEXT

Fill in the mandatory details for suitability analysis

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

Our Recommendation

| | |
|--|--|
| Maximum Premium | We recommend that the yearly premium amount should not exceed 40% of your annual income. |
| Policy Term | 10 years |
| Premium Payment Term | We recommend that the premium payment term should not go beyond 65 years or your expected earning age. |
| Premium Payment Mode | Limited/Regular Pay |
| Fund Type | Equity |
| Fund Name (Please check fund availability for respective products) | India Growth Fund Value Enhancer Fund Focus 50 Fund Multi Cap Growth Fund Opportunities Fund Maximise India Fund Maximiser Fund V Bluechip Fund |

ICICI Pru SIGNATURE

Designed for preferred customers like you, ICICI Pru Signature offers flexible investment options to help you achieve your goals, along with a life insurance cover to protect your family.

BUY NOW

Key Features

- ✓ Key Benefits
- ✓ Return of Total Premium Allocation Charges
- ✓ Value Benefit to reward higher contributions
- ✓ Enjoy policy benefits till 99 years of age with Whole Life policy term option
- ✓ Financial protection for your loved ones with life insurance cover

Important Information

- Unit Linked Insurance Plan
- You can pay premium once, regularly or for a limited period
- To get enhance protection with this plan, you can add ICICI Pru Unit Linked accidental Death Rider.

ICICI Pru SIGNATURE

Designed for preferred customers like you, ICICI Pru Signature offers flexible investment options to help you achieve your goals, along with a life insurance cover to protect your family.

BUY NOW

Key Features

- ✓ Key Benefits
- ✓ No Premium Allocation Charges, so your entire premium gets invested in funds of your choice
- ✓ Return of Mortality and Policy Administration Charges at maturity
- ✓ Choice of 4 portfolio strategies and wide range of funds
- ✓ Life Cover for the entire policy term

Important Information

- Unit Linked Insurance Plan
- You can pay premium once, regularly or for a limited period
- Policy term can be from 10-30 years or Whole Life depending on premium payment term selected

Select recommended product and click on Buy now

Need Analysis

PrePopulate Register Lead Get Recommendation

BUY NOW

ICICI Pru SIGNATURE

Key Features

- ✓ Safeguard your savings with 100% capital guarantee
- ✓ Receive income to meet your specific needs with Systematic Withdrawal Plan
- ✓ Financial protection for your loved ones with life insurance cover

Important Information

- You have to pay premiums for 7 years
- You need to invest a minimum of ₹ 5 Lakhs per annum
- This solution is a combination of ICICI Pru Assured Savings Insurance Plan and ICICI Pru Signature

ICICI Pru Smart KidPlan

Key Features

- ✓ Fund expenses at key educational milestones of your child through partial withdrawals any time after completion of 8 policy years
- ✓ Choice of lump sum pay-out and waiver of premium.
- ✓ Rewards of Wealth Boosters and Loyalty Additions for long term investments.
- ✓ Security of your loved ones in your absence.

Important Information

- You can start this plan with a minimum premium of ₹ 45,000 p.a.
- You can choose to pay your premiums yearly, half-yearly or monthly

BUY NOW

VIEW ALL PRODUCTS

Option to select products other than recommended

Login flow chart



Step 3 : Basic and sales details

Description

This is the section where you fill in basic details for quote generation

Existing customer flow can be used by providing previous policy details

In case of existing customer, system will prepopulate the information if the valid documents are available in the system

Key take-away

Please use existing customer flow for upsell as the data will be pre-populated and ID & address will be fetched (in case the details are not changing)

Please select if the customer is an employee to avail the employee discount available in some products

Step 3

The screenshot shows the 'Provide your personal information' form. On the left, there are two vertical tabs: 'Smart' (highlighted in red) and 'Basic' (highlighted in orange). The 'Smart' tab is labeled 'Quick Fill for Existing Customer' and the 'Basic' tab is labeled 'Provide Personal Details'. The form fields include: 'Type of Proposer' (INDIVIDUAL selected), 'Gender' (FEMALE selected), 'Date Of Birth' (10 Nov 1985), 'Mobile Number*' (9702837285), and 'This policy is for' (SELF selected). There are 'RESET' and 'CONTINUE' buttons at the bottom.

This screenshot is identical to the previous one, but the 'Basic' tab is highlighted in orange, and the 'Smart' tab is dimmed. The form fields and buttons remain the same.

The screenshot shows a form titled 'YOU NEED TO ENTER YOUR DETAILS, BEFORE YOU CAN REGISTER YOUR LEAD'. It includes a 'Choose Agent type' dropdown menu with 'Agency' selected. Below this are three buttons: 'Advisor' (highlighted in orange), 'S2S', and 'RTG'. Under the 'Advisor' button, there are several input fields: 'Advisor Code*' (highlighted with a red box), 'Opportunity Id', and 'Reference ID'. Each of these fields has a red circle with a white 'i' next to it, indicating they are mandatory. There is also a 'CONTINUE' button at the bottom.

Click on Smart or Basic options

Fill in the basic personal details

Fill in the sales details

Login flow chart



Step 4 : Benefit illustration page

Description

This is the section where premium and benefit calculation can be done

Quick quote generation

Flexibility of generating multiple quotes by changing input parameters

e-Pay SMS can be triggered for ease of payment

e-Mail the benefit illustration to the customer

Step 4

Enter premium, policy term, PPT, select fund etc

Select fund allocation as per customer's preference

| Age | Multi Cap Growth Fund | Income Fund |
|-------|-----------------------|-------------|
| 0-25 | 85% | 15% |
| 26-30 | 75% | 25% |
| 31-45 | 65% | 35% |
| 46-55 | 55% | 45% |
| 56-65 | 45% | 55% |
| 66-80 | 35% | 65% |

Check quotation & generate EBI

Benefit illustration generated to be e-Mailed to the customer

Benefit Illustration for ICICI Pru Signature
This shall form a part of the policy document

| | | | |
|----------------------------|------------------------|-------------------------------------|-------------------------------------|
| Name of the Policyholder | Ms. | Proposed No. | |
| Age of the Policyholder | 10-Nov-1985 (34 Years) | Name of the Product | ICICI Pru Signature |
| Name of the Life Assured | Ms. | Tag Line | Unit Linked Life Individual Product |
| Age of the Life Assured | 10-Nov-1985 (34 Years) | Gender of the Policyholder | FEMALE |
| Gender of the Life Assured | FEMALE | Unique Identification No. | 10SL177492 |
| Sum Assured | Rs. 2,10,00,000/- | Applicable tax Plan | 18% |
| Policy Term | 30 Years | Portfolio Strategy | LifeCycle 2 |
| Premium Payment Term | 10 Years | Funds opted for | Multi Cap Growth Fund: 75% |
| Premium Payment Option | Limited Pay | Risk Level | Income Fund: 25% |
| Amount of Base Investment | Rs. 300,000/- | Sales Channel | High, Low |
| Mode of payment of premium | Yearly | Annualised Base Premium Plan Option | Agency |
| Systematic Withdrawal Plan | Yes | | Rs. 300,000/- Advantage |

| Policy Year | Assumed Investment Return - 8% | | Assumed Investment Return - 4% | |
|-------------|--------------------------------|---------------|--------------------------------|---------------|
| | Investment Return | Death Benefit | Investment Return | Death Benefit |
| 1 | 4,11,000 | 4,11,000 | 4,11,000 | 4,11,000 |
| 2 | 4,28,000 | 4,28,000 | 4,28,000 | 4,28,000 |
| 3 | 4,46,000 | 4,46,000 | 4,46,000 | 4,46,000 |
| 4 | 4,65,000 | 4,65,000 | 4,65,000 | 4,65,000 |
| 5 | 4,85,000 | 4,85,000 | 4,85,000 | 4,85,000 |
| 6 | 5,06,000 | 5,06,000 | 5,06,000 | 5,06,000 |
| 7 | 5,28,000 | 5,28,000 | 5,28,000 | 5,28,000 |
| 8 | 5,51,000 | 5,51,000 | 5,51,000 | 5,51,000 |
| 9 | 5,75,000 | 5,75,000 | 5,75,000 | 5,75,000 |
| 10 | 6,00,000 | 6,00,000 | 6,00,000 | 6,00,000 |

How to read and understand this benefit illustration?
This benefit illustration is intended to show what charges are deducted from your premiums and how the unit fund, net of charges and taxes, may grow over the years of the policy term if the fund earns a gross return of 8% p.a. or 4% p.a. These rates, i.e. 8% p.a. and 4% p.a. are assumed only for the purpose of illustrating the flow of benefits if the returns are at this level. It should not be interpreted that the returns under the plan are going to be either 8% p.a. or 4% p.a.
Net Yield mentioned corresponds to the gross investment return of 8% p.a., net of all charges but does not consider mortality, morbidity charges, underwriting extra, if any, guaranteed charges and cost of risk, if deducted by calculation of units. It demonstrates the impact of charges exclusive of taxes on the net yield. Please note that the mortality charges per thousand sum assured in general, increase with age.
The actual returns can vary depending on the performance of the chosen fund, charges towards mortality, morbidity, underwriting extra, cost of services etc. The investment risk in this policy is borne by the policyholder, hence, for more details on terms and conditions please read sales literature carefully.
Part A of this statement presents a summary view of year-to-year charges deducted under the policy, fund value, surrender value and the death benefit, at two assumed rates of return. Part B of this statement presents a detailed break-up of the charges, and other values.

Login flow chart



Step 5 : Application form.. 1/2

Description

Customer's personal , demographic and nominee details will be entered .

If the life to be assured is a politically exposed person, the same needs to be checked in the appropriate box

In case customer is residing in a different address, enter permanent address

Mobile number and e-Mail ID are mandatory requirements

As per regulatory norms every policy is credited in the e-IA (Electronic Insurance Account) account of the policy holder

In case the customer is suffering from any illness, please tick 'Yes' in appropriate box and provide details

FATCA/CRS (The Foreign Account Tax Compliance Act / Common Reporting Standard) information is captured where customer is tax resident of country other than India

FATCA declaration, address field, NRI/NON INDIAN questionnaire and undertaking (only for NRI customers) need to be filled

Please enter TIN/PAN details of resident country

Step 5 : Application form.. 2/2

Key take-away

Please act like a primary underwriter while filling the health details

Other than product, DOB and gender, all other details are editable

Step 5 : Fill in customer's details & upload documents

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

YOUR APPLICATION NUMBER IS [QS90025714](#) 50%

Details of Life Assured

| | | |
|--|---|---|
| <input type="text" value="Life Assured First Name*"/> <small>Please Enter Life Assured First Name</small> | <input type="text" value="Life Assured Last Name"/> | <input type="text" value="Gender* Male"/> |
| <input type="text" value="Father's Name"/> | <input type="text" value="Mother's Name"/> | <input type="text" value="Spouse Name"/> |
| <input text"="" type="text" value="Marital Status* Married"/> | <input type="text" value="Education*"/> | |
| <input type="text" value="Occupation*"/> | <input type="text" value="Name of Organisation*"/> | <input type="text" value="Organisation Type*"/> |

Are you engaged in any of the mentioned industries(Export, Jewellery, Real Estate, Scrap Dealing, Shipping, Stock Broking & Agriculture) No

| | | |
|--|---|---|
| <input type="text" value="Income tax proof*"/> | <input type="text" value="GSTIN"/> | <input type="text" value="Annual Income(₹) *"/> |
| <input type="text" value="CKYC Number"/> | <input type="text" value="Objective of buying policy* Both (Protection & Saving)"/> | |
| <input type="text" value="Age Proof*"/> | | |
| <input type="text" value="Address Proof*"/> | | |
| <input type="text" value="Identity Proof*"/> | | |

Step 5 : Fill in nominee details

Are you a Politically Exposed Person No

Politically Exposed Persons (PEPs) are individuals and their family members and close relatives who have been entrusted with prominent public functions in India or in a foreign country. For example: Important Political Party Officials, Senior Politicians, Senior Government/Judicial/Military Officials, Heads of the State/Governments, Senior Executives of State Owned Corporations, etc

Would you like to share your portfolio/fund details with your Advisor/Agent Yes

Do you have an Electronic Insurance Account? No

Electronic Insurance Account (EIA) is a digital repository of all your life insurance policies. If the hard copy of your policy document ever gets lost or damaged, you can access the digital version in your EIA account. We recommend that you opt for an EIA, it is absolutely FREE.

Select any one Insurance Repository for opening e-Insurance Account.

Select Repository*
NSDL National Insurance Repository

Nominee Details

I would like to take this policy under Married Women's Property Act (MWPA) No

Nominee First Name* Nominee Last Name* Gender MALE FEMALE

Your nominee is your* WIFE Nominee's Date of Birth*

Enter details of your previous policy(ies)

Do you hold any Life Insurance Policy(ies) other than ICICI Prudential? No
If you are an existing customer, we will have your details. Please select other life insurance policy(ies).

CONTINUE

Step 5 : Fill in FATCA/CRS details

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

YOUR APPLICATION NUMBER IS [QS90025714](#) 60%

My FATCA and CRS details

We are a tax resident of ONLY India Yes ✓

TIN/PAN Issuing Country* TIN/PAN

My birth country is India Yes ✓

This information is required to be collected as per The Income Tax Act, 1961 to comply with FATCA and CRS regulations. We will continue to report the above information 'As is' till we receive any change request from you*

Mailing/Communication Address

Line 1*
Characters left : 30
Please Enter Line 1

Line 2
Characters left : 30

Line 3
Characters left : 30

Landmark

Pincode* City*

State* Country*

* Address proof would be required – the address updated in the form should match with the address proof that you will be submitting
* Valid address proof considered are Passport, Voter ID, Driving License, Aadhar Card
* Please note "Utility Bills" (i.e., Electricity bill, Telephone bills, etc.) are not accepted as address proof

Phone and Email

Mobile Number* Email ID

Permanent Address

Same As Mailing/Communication Address Yes ✓

Step 5 : Fill communication address exactly as per the address proof

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

YOUR APPLICATION NUMBER IS [QS90025714](#) 60%

My FATCA and CRS details

We are a tax resident of ONLY India Yes ✓

TIN/PAN Issuing Country* TIN/PAN

My birth country is India Yes ✓

This information is required to be collected as per The Income Tax Act, 1961 to comply with FATCA and CRS regulations. We will continue to report the above information 'As is' till we receive any change request from you*

Mailing/Communication Address

Line 1*
Characters left : 30
Please Enter Line 1

Line 2
Characters left : 30

Line 3
Characters left : 30

Landmark

Pincode* City*

State* Country*

* Address proof would be required – the address updated in the form should match with the address proof that you will be submitting.
* Valid address proof considered are Passport, Voter ID, Driving License, Aadhar Card
* Please note "Utility Bills" (i.e., Electricity bill, Telephone bills, etc.) are not accepted as address proof

Phone and Email

Mobile Number* Email ID

Permanent Address

Same As Mailing/Communication Address Yes ✓

Step 5 : Fill customer's email ID for digital CDF process

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

YOUR APPLICATION NUMBER IS [QS90025714](#) 60%

My FATCA and CRS details

I/we are a tax resident of ONLY India Yes ✓

TIN/PAN Issuing Country* India TIN/PAN AVSPN4145J

My birth country is India Yes ✓

This information is required to be collected as per The Income Tax Act, 1961 to comply with FATCA and CRS regulations. We will continue to report the above information 'As is' till we receive any change request from you*

Mailing/Communication Address

Line 1* Characters left: 30
Please Enter Line 1

Line 2 Characters left: 30

Line 3 Characters left: 30

Landmark

Pincode* City*

State* India Country*

* Address proof would be required - the address updated in the form should match with the address proof that you will be submitting
* Valid address proof considered are Passport, Voter ID, Driving License, Aadhar Card
* Please note "Utility Bills" (i.e., Electricity bill, Telephone Bills, etc.) are not accepted as address proof

Phone and Email

Mobile Number* 090000 00000 Email ID

Permanent Address

Same As Mailing/Communication Address Yes ✓

REVIEW CONTINUE

Step 5 : Fill in health & habits details

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

YOUR APPLICATION NUMBER IS [OS90019759](#) 70%

Habits and Other Details of SAVITA POWALE

Do you consume or have ever consumed narcotics?*

Do you consume or have ever consumed tobacco?*

Do you consume or have ever consumed alcohol?*

Are you employed in the armed, para military or police forces ?(If yes, please provide Rank, Department/Division, Date of last medical & category after medical exam).*

Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way ? (eg - occupation - Chemical factory, mines, explosives, radiation, corrosive chemicals & hobbies - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc)*

No

No

No

No

No

Step 5 : More details on health & habits

YOUR APPLICATION NUMBER IS [OS90019759](#) 70%

Habits and Other Details of SAVITA POWALE

Health Details of SAVITA POWALE

Height in ft* OR Height in cm* Weight in kgs*

Have you ever suffered or being diagnosed with or been treated for any of the following? No

| | |
|---|--|
| Hypertension/ High BP/ high cholesterol <input checked="" type="radio"/> No | Chest Pain/ Heart Attack/ any other heart disease or problem <input checked="" type="radio"/> No |
| Undergone angioplasty, bypass surgery, heart surgery <input checked="" type="radio"/> No | Diabetes/ High Blood Sugar/ Sugar in Urine <input checked="" type="radio"/> No |
| Asthma, Tuberculosis or any other respiratory disorder <input checked="" type="radio"/> No | Nervous disorders/ stroke/ paralysis/ epilepsy <input checked="" type="radio"/> No |
| Any GastroIntestinal disorders like Pancreatitis, Colitis etc. <input checked="" type="radio"/> No | Liver disorders/ Jaundice/ Hepatitis B or C <input checked="" type="radio"/> No |
| Genitourinary disorders related to kidney, prostate, urinary system <input checked="" type="radio"/> No | Cancer, Tumor, Growth or Cyst of any Kind <input checked="" type="radio"/> No |
| HIV infection AIDS or positive test for HIV <input checked="" type="radio"/> No | Any blood disorders like Anaemia, Thalassemia etc <input checked="" type="radio"/> No |
| Psychiatric or mental disorders <input checked="" type="radio"/> No | Any other disorder not mentioned above <input checked="" type="radio"/> No |

Do you have any Congenital Defect/Abnormality/Physical Deformity/Handicap?* No

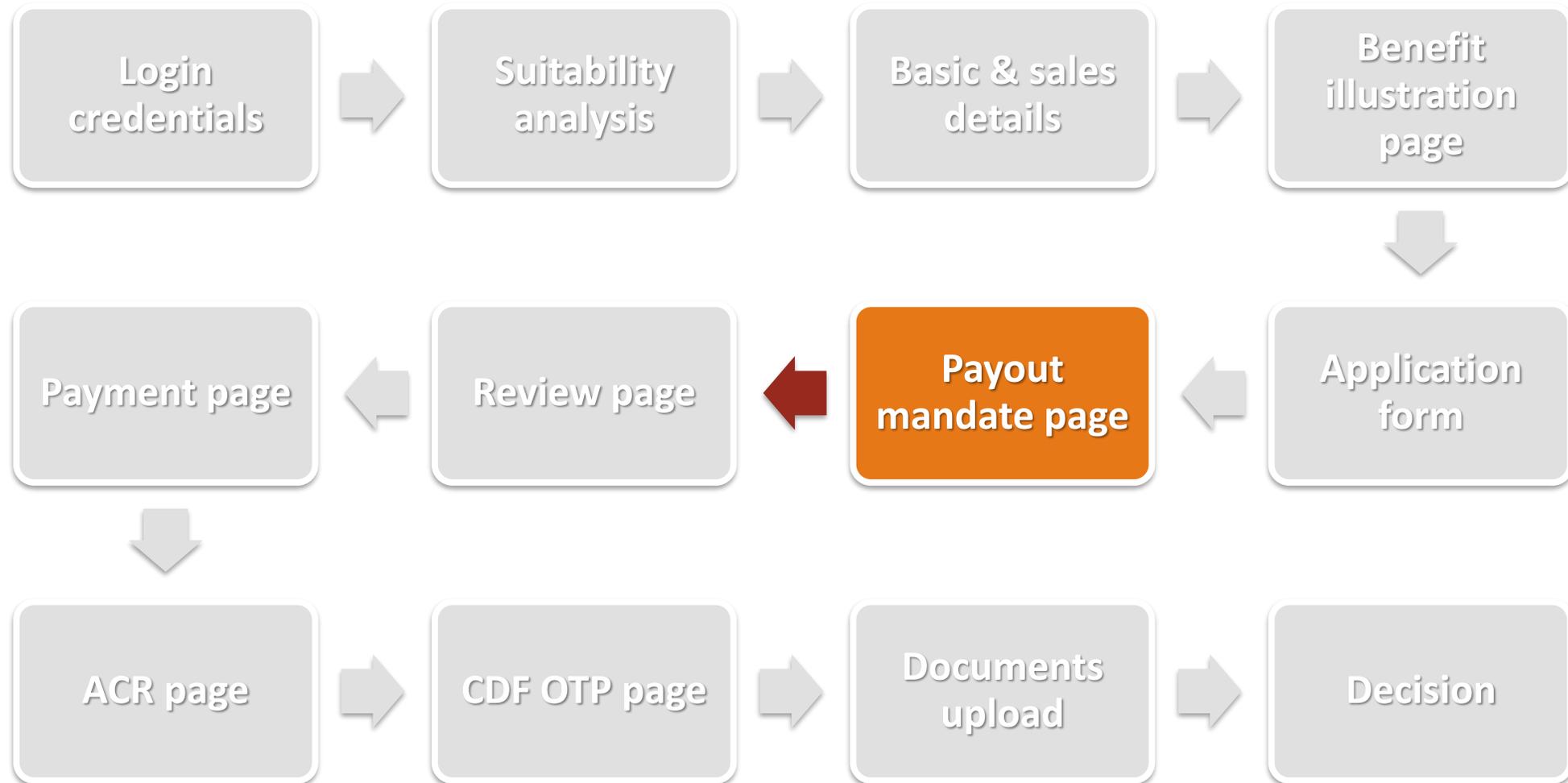
Family details of the life assured(include parents/sibling) Are any of your family members suffering from /have suffered from/have died of heart disease,Diabetes Mellitus, cancer or any other hereditary/familial disorder, before 55 years of age.if yes please provide details below.* No

Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in the past?* No

Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years?* No

Have you lost weight of 10 kgs or more in the last six months?* No

Login flow chart



Step 6 : Payout /ECS mandate page

Description

As per the regulation customer needs to submit the A/C details to credit the future payouts directly into the A/C

This is the section which captures ECS details for renewal premium

Here ECS mandate and physical copy of a cancelled cheque need to be submitted

Step 6: Fill in mandate information

My Dashboard My Profile Suitability Protection Plans Smart Search Opportunity Matrix

YOUR APPLICATION NUMBER IS [OS13461714](#) **80%**

Set ECS for Renewals

| | |
|--|-------------------------------------|
| Name of the Account Holder* TEST | Bank Account Number* |
| IFSC Code* | MICR Code* |
| Select Account Type* Saving Account | Bank Name* |
| Amount* 7200 | Frequency* As and when presented |
| Debit Type* Maximum Amount | Period* Until Cancelled |

I want to set up a standing instruction (ECS) on above bank account for future premium payment. ECS mandate alongwith cheque copy needs to be submitted at ICICIPru Branch.* Yes

Do you wish to submit online mandate (ENach)?*
(If online mendate is not submitted, For policy issuance Please submit the physical copy of ECS / Direct Mandate at the nearest branch) No

CONTINUE

Login flow chart



Step 7 : Review Page

Description

This is the section where details filled in the application form can be reviewed and edited

Form can be reviewed and edited to avoid erroneous form filling or correct details filled incorrectly

Key take-away

Please review the application form critically and make changes wherever required

Step 7

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

YOUR APPLICATION NUMBER IS [OS90016248](#) 85%

| Nominee Details | | | Edit |
|---|---|---|------|
| Full Name TEST TEST | Relationship with Life Assured WIFE | Nominee's Date of Birth 03-Apr-1974 | |
| Previous Policy Details | | | Edit |
| Do you hold any Life Insurance Policy(ies) other than ICICI Prudential? | | | No |
| Contact Details | | | Edit |
| Mailing/Communication Address FLAT NO 07 TREWENI CHAYA NIWAS, PUNE, 411027, MAHARASHTRA,INDIA | | | |
| Life Assured Mobile Number 9011047791 | Nationality INDIAN | Resident Status RESIDENT INDIAN | |
| Health Details of TEST | | | Edit |
| Height in Ft 6 feet 1 inches | Height in cm 185 | Weight in kg 76 | |
| Do you consume or have ever consumed narcotics? | | | No |
| Do you consume or have ever consumed tobacco? | | | No |
| Do you consume or have ever consumed alcohol? | | | No |
| Have you ever suffered or being diagnosed with or been treated for any of the following? | | | No |

Review the details, and click 'Edit' for any changes required

My Dashboard Suitability Protection Plans Smart Search Digital Enablers

YOUR APPLICATION NUMBER IS [OS90016248](#) 85%

| Set ECS for Renewals | | | Edit |
|---|--|-------------------------------------|------|
| Name of Account Holder TEST | Bank Account Number 5768868888 | Account Type Saving | |
| IFSC Code ICIC0000039 | MICR Code 411229003 | | |
| Bank Name ICICI BANK LTD SHIVAJINAGAR (SNR) ICIC0000039 | Standing Instruction (ECS) Opted Yes | | |
| Amount 21,540 | Frequency As and when presented | Debit Type Maximum Amount | |
| Period Until Cancelled | | | |

I/We declare that I/we have answered the questions in the proposal form and have duly signed it after understanding its contents. I/ We have fully understood the nature of the questions including health related questions and the importance of disclosing all material information while answering such questions. I/We declare that the answers given by me/us to all the questions in the proposal form and the information given to ICICI Prudential Life Insurance Co. Ltd. as to the state of health and habits of the life/lives to be assured are true and complete in every respect and that I/we have not withheld any material information or suppressed any material fact.

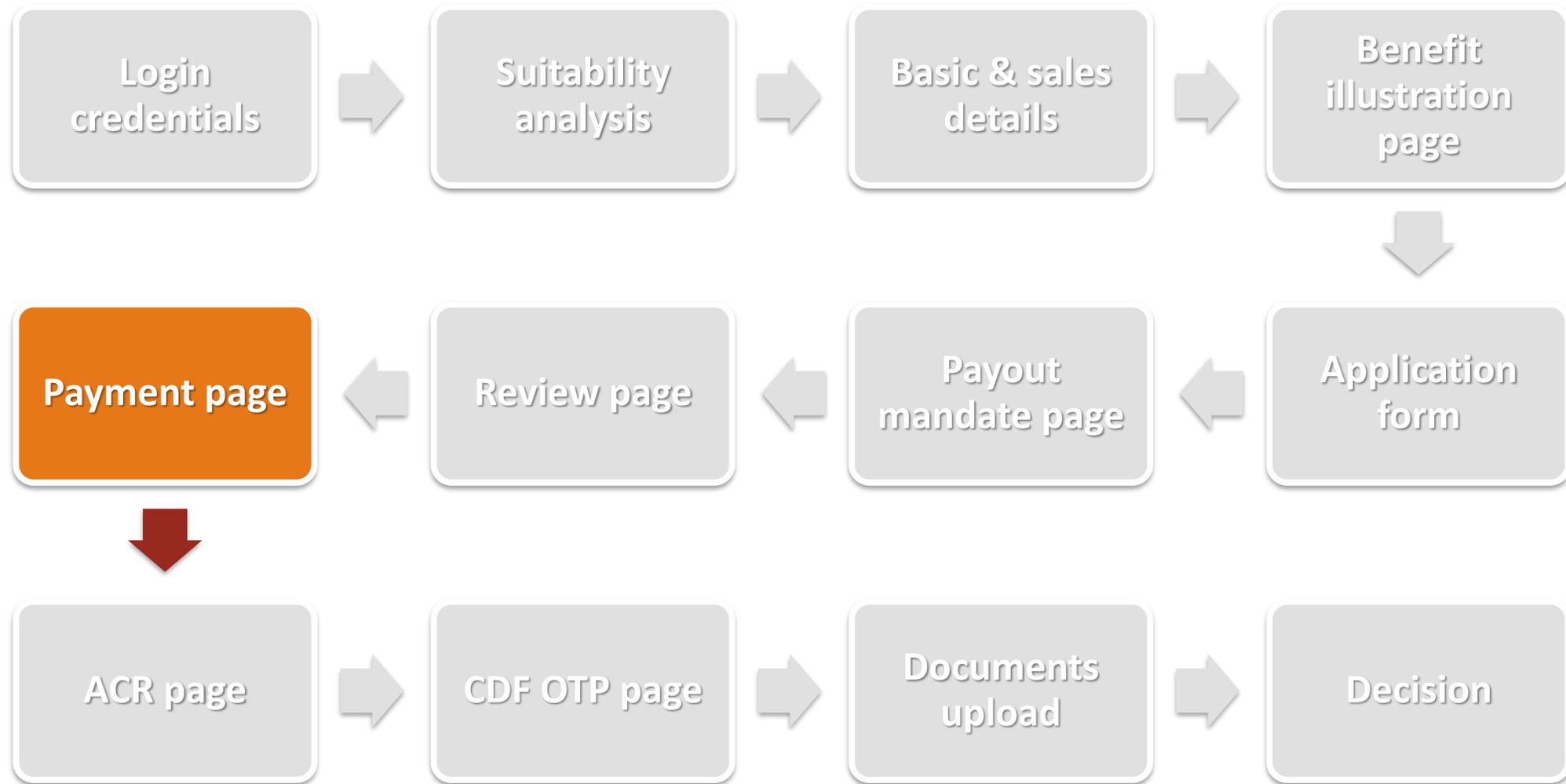
I/ We have made no statement to the Insurance Advisor, Medical Examiner or any other person associated with the Company which in any way modifies the answer given by me/ us in this application form. I/We undertake to notify the Company of any change in the information given by me/ us in the proposal form with respect to the Life/ Lives to be Assured subsequent to the signing of this proposal form and before the receipt of the policy document.

I/We also understand that in case of any mis-statement or suppression of material information or where the Company is not notified of the change in the information with respect to the Life/ Lives

I TEST , have gone through above mentioned benefit illustration / key feature document and terms & conditions, before entering into the contract.

Click the box for confirming the details

Login flow chart



Step 8 : Payment Details

Description

This is the section where payment can be made by the customer. Exhaustive online and offline premium payment options are readily available

Key take-away

Please encourage the customer to make payment online

Please select the correct payment option

Please send e-pay link to the customer if required

Please avoid offline payment like cheque, demand draft etc.

Please do not select MPOS option and proceed if customer has to make online payment

Step 8 : Select the payment option and click on Pay now

YOUR APPLICATION NUMBER IS [OS90025601](#) 90%

Select Source of Funds

Source of Fund*

Please Select Source of Fund

Premium paid by a person other than Proposer (If yes, please submit third party declaration and Payer's KYC)* No

Select Payment Option

| | |
|---------------------|---|
| CHEQUE | Total Amount Due(₹) 3,00,000 |
| DEMAND DRAFT | Amount to Pay(₹)* 3,00,000 <small>Three Lakh Only</small> |
| DEBIT AUTHORIZATION | |
| CARDS | Date* 25 Jun 2020 |
| NET BANKING | Cheque Number* |
| WALLET | MICR Code* |
| MPOS | Bank Name* |
| UPI | Branch Name* |
| BHARATQR | |

I accept all Terms and Conditions and payment paid by proposer.

*For applications where premium payment mode is Monthly, Standing Instruction is allowed with one month Premium for VISA/MAGTEC/Maestro/AMEX credit card and Debit cards of ICICI Bank,Deutsche Bank,OH Bank,Standard Chartered Bank,Kotak Mahindra Bank,Canara Bank,Dena Bank,Corporation Bank.

PAY NOW

Online payments initiated on icicprulife.com are Safe & Secured.

Step 8 : click on check box online SI

Click the check box for online SI (applicable for Net banking) and click pay now



NET BANKING

[Click here](#) for Assisted Flow if you are not able to find your preferred NetBanking option

Select Your Bank*
ICICI Bank

E-Mandate*
NET BANKING (E-MANDATE)

BANK ACCOUNT TYPE*
SAVINGS

IFSC Code*
IFSC Code

Bank Account Number*
Bank Account Number

Account Holder Name*
Account Holder Name

Standing Instruction Max Amount(₹)
12,019
Twelve Thousand Twelve Only

Standing Instruction Frequency
As and when presented

Standing Instruction Start Date
09 Sep 2021

Standing Instruction End Date
09 Sep 2061

Total Amount Due(₹)
12,019
Twelve Thousand Twelve Only

Amount to be Paid(₹)
12,019
Twelve Thousand Twelve Only

Set up a standing instruction on the above bank account for future premium payment.

I accept all Terms and Conditions and payment paid by proposer.

PAY NOW

ICICI PRUDENTIAL LIFE INSURANCE

LOGOUT

YOUR APPLICATION NUMBER IS [OB17652510](#) **90%**

UPI

NET BANKING

WALLET

BHARATQR

EMI

CARDS

Enter UPI *
9167081563@paytm

Dear Harprit Girish Padwal, your UPI VPA is valid.

Total Amount Due(₹)
1,533
One Thousand Five Hundred Thirty Three Only

Amount to be Paid(₹)
1,533
One Thousand Five Hundred Thirty Three Only

For Monthly frequency, Payment with SI can be accepted using the UPI handles: upi,paytm,ybl,ibl,axd for premium upto ₹ 200000 only as of now, other handles are not accepted, please use other payment options to complete the payment.

To complete your online payment please follow the steps below :
1. Open your UPI application (Ex. PhonePe, PayTm, BHIM)
2. Check online transaction

Type here to search

29°C AQI 127

ENG IN 2:42 PM 9/9/2021

The screenshot shows a web browser window with the URL `buy.icicigrulife.com/buy/apptrackerapplicationform.htm?execution=e2s1`. The page header features the ICICI Prudential Life Insurance logo and a 'LOGOUT' button. A prominent message states: 'YOUR APPLICATION NUMBER IS [OB17652510](#)'. Below this, a table lists details for 'BHARATQR', 'EMI', and 'CARDS'. The 'EMI' row shows a value of '1,533' with a note: 'One Thousand Five Hundred Thirty Three Only'. A '90%' badge is visible in the top right corner. The main content area contains instructions for UPI payment: 'For Monthly frequency, Payment with Si can be accepted using the UPI handles: upi.paytm.ybl.ibl.axl for premium upto ₹ 200000 only as of now, other handles are not accepted, please use other payment options to complete the payment.' It provides a 4-step process: 1. Open your UPI application (Ex. PhonePe, PayTm, BHIM), 2. Check pending transactions, 3. Authorise payment by entering the UPI pin, and 4. Pay Securely. Two checkboxes are present: one for setting up a standing instruction and another for accepting terms and conditions. A 'PAY NOW' button is located at the bottom of the form area. The browser's address bar and Windows taskbar are also visible.

ICICI PRUDENTIAL
LIFE INSURANCE

LOGOUT

YOUR APPLICATION NUMBER IS [OB17652510](#)

90%

| | |
|----------|---|
| BHARATQR | 1,533 <small>One Thousand Five Hundred Thirty Three Only</small> |
| EMI | |
| CARDS | |

For Monthly frequency, Payment with Si can be accepted using the UPI handles: upi.paytm.ybl.ibl.axl for premium upto ₹ 200000 only as of now, other handles are not accepted, please use other payment options to complete the payment.

To complete your online payment please follow the steps below :

1. Open your UPI application (Ex. PhonePe, PayTm, BHIM)
2. Check pending transactions
3. Authorise payment by entering the UPI pin
4. Pay Securely

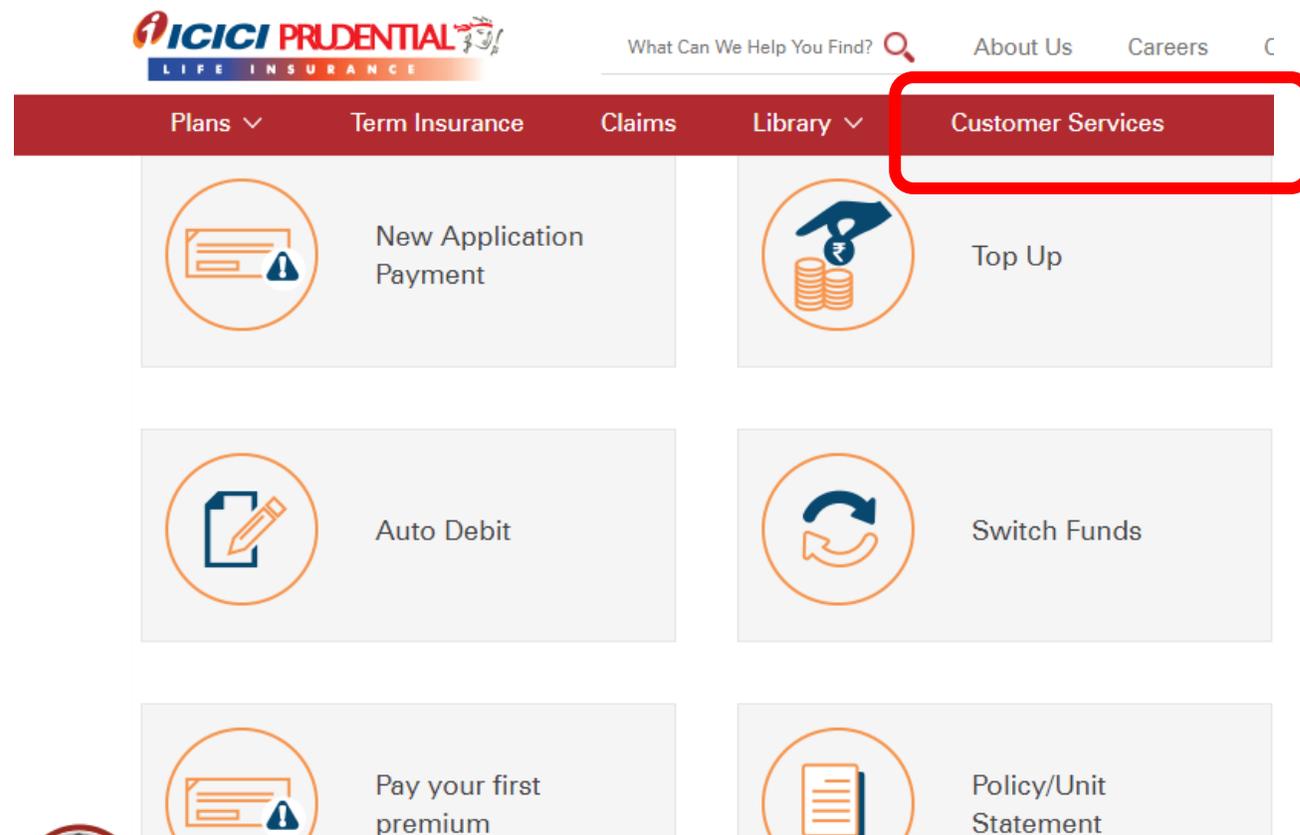
Set up a standing instruction on the above bank account for future premium payment.

I accept all Terms and Conditions and payment paid by proposer.

PAY NOW

Post login ECS

- On the website, click on Customer service
- Then Click on Auto-debit
- Enter your policy no. or Registered mobile no. or email ID and enter DOB



Your policies will reflect along with option to add or replace SI

Set Standing Instructions for your policy(ies)

My Policy(ies)

| Policy Name And Number | Premium | Due On | Policy Status | SI Status | Standing Instructions |
|--------------------------|-----------|-------------|---------------|-----------|---|
| ICICI Pru ACE - 13482490 | 1,500 (M) | 25 Oct 2021 | In Force | Active | <div style="border: 2px solid red; padding: 5px;">ADD SI REPLACE SI</div> |

* M - Monthly Y - Yearly NA - Not Applicable

Payment Mode for Standing Instructions

Standing Instructions Summary

Select the relevant option

Your policy will reflect along with add SI or replace SI

Enter your account details to set or change SI

STANDING INSTRUCTIONS

NET BANKING

UPI

Select Your Bank*
Select Your Bank

IFSC Code*
IFSC Code

Bank Account Number*
Bank Account Number

Account Holder Name*
Account Holder Name

Amount to be Paid(₹)
1

One Only

I accept all Terms and Conditions and payment paid by proposer.

PAY NOW

Login flow chart



Step 9 : Advisor Confidentiality Report

Description

This is the section where Advisor submit certain declaration with regards to the customer

Fill ACR online or opt to complete on application tracker or logged-in section

Step 9 : Fill the ACR form, click to save and view

Agent Confidential Reports (ACR)

Nature of Proposal*
 Medical Non-Medical

Purpose Of Insurance*
Both (Protection & Saving)

Nature Of Work*
SALARIED

How do you know the Proposer*

How long have you known the Proposer*

Is the Proposer Politically Exposed?*
None

Is the Proposer/Life to be Assured related to you No

Income Details of Proposer/Life Assured

Annual Income Type*
Salary

Amount(t)*
12,34,56,789

Income proof verified*

Personal Asset of Proposer - Home*
Owned

Personal Asset - Vehicle*
4 Wheeler

General Health details of Life to be Assured as observed/informed to you

Physical Handicap/Deformity No **Mental Retardation** No

History of any Illness/Surgery No **Medical Investigation Done** No

Any other risk associated with Occupation,Sports Pursuit or Personal Habits of Life to be Assured/ Annuitant that could affect the risk in the insurance proposal please provide details No

Other Remarks/Any other material information or facts as regards to the social/financial status and the source of funds of the proposer which might have any adverse impact on acceptance of the proposal, please provide details: No

I hereby declare that foregoing statements are true to the best of my knowledge and belief. I state that the proposal has been filled up by the proposer/ person authorized by the proposer after fully understanding the nature of the questions in the proposal form and importance of disclosing all material information that has been explained by me to the proposer. I also submit to have explained the benefit illustration, if any, before the applicant consented to it. I recommend this proposal for insurance. I confirm having verified the identity and address of the customers and proofs submitted for the same.

I also certify that I have taken all possible precautions to ensure compliance with the Anti-Money Laundering guidelines and Anti-Money Laundering policy of the Company including highlighting any suspicious transactions/activity or attempted suspicious transactions/activity to the Principal Officer.

State*
MAHARASHTRA

Date : 09-Jul-2019

SAVE & VIEW PDF

Login flow chart



Step 10 : Digital CDF

Description

Communication will be triggered on customers registered contact details for providing digital confirmation to process their application

The communication will be triggered via email, SMS and WhatsApp

Thank You

- Training Content for Advisor/Partner Skill Enhancement. Strictly for internalCirculation