





Pre Hospitalization Bills (If Any)/ अस्पताल में भर्ती होने से पहले के बिल (अगर कोई हों)				
Post Hospitalization Bills (If Any)/ अस्पताल से छुट्टी मिलने के बाद के बिल (अगर कोई हों)				
<b>Total Claimed Amount/ दावा की गई कुल राशि</b>				

In support of the above claim, I enclose following documents in **original** (Please indicate by ticking in the Yes/No Column below)/ उपरोक्त दावे के समर्थन में, मैं निम्नलिखित कागजात **मूल** रूप में जमा करा रहा/रही हूँ. (कृपया नीचे दिए कॉलम में हां/नहीं पर निशान लगाकर बताएं)

Type of Document(s) कागजात के प्रकार	Yes/ हां	No./ नहीं	Type of Document(s) कागजात के प्रकार	Yes/ हां	No./ नहीं
Claim form Duly Filled/ विधिवत भरा हुआ दावा फॉर्म			Investigation Reports/Reports Name जांच-परीक्षण रिपोर्ट्स/रिपोर्ट्स के नाम		
ICICI Lombard General Insurance Company Authorization form/ आईएल जीआईसी पूर्व अधिकृति फॉर्म			Medicine/Pharmacy Bills with Doctors Prescription/ दवाई/फार्मैसी के बिल, साथ में डॉक्टर प्रेस्क्रिपशन		
Discharge Summary/ डिसचार्ज समरी			Implant Name and Invoice (If any)/ इम्प्लांट का नाम तथा इन्वॉयस (अगर कोई हो)		
Hospital Bills/ अस्पताल के बिल			Indoor Case Papers/इन्डोर केस पेपर्स		
Hospital Payment Receipt/ अस्पताल को भुगतान की रसीद			Others/अन्य		
<b>Total No. of Pages enclosed/ संलग्न पृष्ठों की कुल संख्या</b>					

As per the policy terms and conditions, the Company reserves its right to have the Insured examined by a doctor appointed by it for verification of diagnosis./पॉलिसी के नियमों व शर्तों के अनुसार कंपनी के साथ निदान के सत्यापन के लिए अपने द्वारा नियुक्त किसी डॉक्टर से बीमाधारक की जांच करवाने का अधिकार सुरक्षित है.

#### Declaration / घोषणा

I hereby agree, affirm and declare that/ मैं एतद्वारा सहमत हूँ, पुष्टि तथा घोषित करता/ती हूँ कि :

- The statements/information given/stated by me/us in this claim form is true, correct and complete./ इस दावा फॉर्म में मेरे/हमारे द्वारा दिए गये/उल्लेख किए गये कथन सही, सत्य एवं पूर्ण हैं.
- No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed./ दावे की प्रक्रिया अथवा दावे पर किसी प्रकार से प्रभाव डालने वाले किसी महत्वपूर्ण तथ्य को छिपाया या दबाया नहीं गया है.
- If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void & that I shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future./ अगर मैंने कोई गलत या धोखाधड़ी पूर्ण कथन/जानकारी दी हो या किसी महत्वपूर्ण जानकारी को दबाया या छिपाया हो या किसी प्रकार से प्रकट करने में असफल रहा हूँ तो पॉलिसी भंग हो जाएगी तथा मैं किसी अतीत, वर्तमान या भविष्य के किसी या सभी दावों के बारे में किसी/सभी अधिकारों हेतु पात्र नहीं रहूंगा.
- The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim./इस दावा फॉर्म/अन्य समर्थक/संबंधित कागजातों के मिलने को कंपनी द्वारा दावे की सहमति नहीं समझी या मानी जानी चाहिए तथा कंपनी के पास दावे पर कार्रवाई करने या अस्वीकृत करने अथवा दावे के बारे में और अधिक/अतिरिक्त जानकारी मांगने का अधिकार सुरक्षित है.
- I hereby provide my consent and authorize ICICI Lombard Health Care to seek any medical information from any hospital/Medical Practitioner who has at any time attended on the insured person./ मैं एतद्वारा बीमित व्यक्ति की किसी भी समय देखदेख करनेवाले किसी अस्पताल/मेडिकल प्रैक्टिसनर को मेरी चिकित्सा संबंधी जानकारी प्रदान करने की आईसीआईसीआई लोम्बार्ड हेल्थ केयर को अधिकृति प्रदान करता हूँ तथा अपनी सहमति देता हूँ.

I/We hereby declare that the particulars made by the insured person in the claim form are true to the best of our knowledge and belief./मैं/हम एतद्वारा घोषित करता हूँ/करते हैं कि मेरी/हमारी अधिकतम जानकारी एवं विश्वास के अनुसार दावा फॉर्म में बीमित व्यक्ति द्वारा दिए गये विवरण सही हैं.

Place/स्थान : \_\_\_\_\_

Date/तिथि : | D | D | / | M | M | / | Y | Y | Y | Y |

Signature of Claimant/

दावेदार के हस्ताक्षर



3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. ICICI Lombard General Insurance Company Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The date of notice for ICICI Lombard will be the date of receipt of such notice by ICICI Lombard. The notice of, such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd, ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
9. NEFT is applicable for only the corporate employees for whom HR has opted for NEFT as a mode of payment. Kindly, check with your respective HR department for this facility. In case of any issues, HR decision and approval will be taken into consideration.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website [www.icicilombard.com](http://www.icicilombard.com) or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
12. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
13. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.

(Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

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Signature of the account holder