

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

CLAIM FORM - FOR AGRICULTURAL PUMP SET NOTIFICATION OF LOSS OR DAMAGE

(The issue of this form is not to be taken as an Admission of Liability)

Office Address	Cover Note / Policy No :
	Period of Insurance :
	Date of Accident :
	Claim Number :

Name _____

Address _____

1. Situation of Pump set	
2. When did the loss or damage occur? (Give date and time)	
3. Give names and addresses of any two Witnesses to the occurrence.	
a) Serial No. and type of Pump Set damaged b) Maker's name and year of make. c) Nature of damage: Fire / Theft Mechanical Breakdown. d) Is the item totally destroyed/lost. If not, what items are damaged.	
4. Is the claimant the sole owner of the pump set damaged or lost? If not, state full Particulars of any other interest.	
5. Were there, at the time of the occurrence, any others insurances effected by the Insured/claimant or by any other person on the pump set? If so, state full particulars.	
6. Have you suffered any previous loss due to Fire, Burglary or Mechanical Breakdown? If so, state full particulars.	
7. What is the estimated amount of loss or damage? Please submit repairs estimate in original	
IN CASE OF LOSS BY THEFT/BURGLARY	
i. How was entrance effected into the premises?	
ii. Whether the premises were inhabited at the time of the theft? If not, upon what date and at what hour were the premises inhabited prior to the theft?	
iii. Have the Police Authorities been informed of the theft? If so, what is the Diary No. & Date? Has any arrest been made?	

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

UIN : IRDAN115RP0009V01200102

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

IN CASE OF DAMAGE BY ELECTRICAL / MECHANICAL BREAKDOWN	
1) When was the machine last overhauled or attended to for maintenance or damage?	
2) Has the manufacturer's guarantee period expired? If so, when?	
3) Has the Pump Set, been repaired previously? Is so, When and by whom?	
4) What was the cause of the damage and how did it occur?	
5) Name and address of the repairers carrying out the repairs.	
IN CASE OF DAMAGE BY FIRE	
1) What was the causes of the Fire under what circumstances did it occur?	

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this Claim Form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the Claim is being made are provided as per the Proposal Form or by way of an endorsement in the Policy. Furthermore, save and except as provided or disclosed in this Claim Form, no Claim made hereunder (or the same/similar Claim) has been made or lodged with any other Insurance Company.
- 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.
- If I/We 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 and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all Claims, past, present or future.
- 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.

I hereby give my consent to the Company to verify and obtain my identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required

I/We hereby give my/our consent to the Company to verify and obtain my/our' identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Date:

Signature of Insured