

CLAIM FORM FOR JEWELLER'S PACKAGE POLICY

Claim No.:		Policy No.:	
Period of Insurance		From:	To:
Insured Name			
Address for correspondence			
Insured's Contact Details			
Date of Loss			
Item/s affected by loss			
Brief Description of loss			
Cause of loss			
Has the matter been reported to the Police			
Name of the Police Station			
FIR No. and date (Please enclose original or certified copy of FIR)			
Name of the Carrier/Authority in whose custody the loss has taken place (if applicable) Has the claim been lodged on the Carrier/Authority			
Date when the claim has been lodged on the Carrier/Authority (Please enclose copies of the correspondence exchanged with them)			
Estimate of loss (with complete breakup)			
Any other information which you would like to provide			
Details of Other insurance covering same risk			

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/Close relatives/Associates of PEP*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP): _____

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States / Government, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations and important political party officials;".

- 1) Claim Intimation: Connect with us via: Toll-free no.: 1800 2666, Email ID: customersupport@icicilombard.com, on our website: <https://coclaims.icicilombard.com/claimstracker/CommercialClaims/ccplandingpage.aspx> Register the claim and submit claim related documents along with claim form. You will receive a claim reference number as your reference point for future correspondence.
- 2) File an FIR: In case of third-party property damage/bodily injury, fire etc. if applicable as per policy terms and conditions.
- 3) Surveyor Appointment: Your Claims Manager (CSM) will contact you and appoint a licensed surveyor basis claim eligibility within 24 hours of reporting the claim
- 4) Documents: submit documents to the assigned CSM/Surveyor.

List of documents which are necessary and relevant to the claim are as below:

1. Claim bill / Claim Form duly filled up
2. Photographs / Video of damaged property/item under claim

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No. 16,
New Link Road, Malad (West),
Mumbai - 400 064.

UIN: IRDAN115RP0003V01202021 (Retail)
CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, P. Balu Marg, Off Veer
Savarkar Road, Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025.

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Alternate no : 86552 22666 (Chargeable)
Website : www.icicilombard.com
E-mail : customersupport@icicilombard.com

3. Document/s in support of admissibility of the claim, for instance, Service Engineer's Report, Fire Brigade Report, etc.
 4. FIR / Final Police investigation report wherever applicable
 5. For items which are to be repaired or reinstated, repair/ replacement quotation, invoice and payment proofs for each and every item as claimed.
 6. For items which are under claim & not to be repaired or reinstated, documents substantiating the quantum & value of the items under claim
 7. Offer for retention of salvage, if any
 8. KYC / NEFT Details as per AML guidelines
 9. Invoice copy / Goods Receipt Note / Monetary Claim on carrier / Damage Certificate
 10. Any other document which may be specified by the surveyor post completion of initial survey
- 5) Assessment Approval: Repair/Replacement details submitted in support of the claim will be assessed and approved by CSM/surveyor
 - 6) Salvage: The amount that is assessed which the damaged asset will fetch in the open market (wherever applicable).
 - 7) Turnaround Time (TAT): Assessment sheet / Survey report will be furnished within 15 days of receipt of claim form and documents. Claim will be decided within 7 days of receipt of the assessment sheet / survey report (This condition will not apply in case of policies issued on the property/building on reinstatement value basis).

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. 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.
- c. 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.
- d. 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.
- e. 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 right to process or reject or require further / additional information in respect of the claim
- f. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place: _____

Date:

Signature of the Insured

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