

CLAIM FORM FOR CLUB ROYALE HOME INSURANCE POLICY

Notification of Physical Loss or Damage

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

POLICY NO.

PLEASE ANSWER ALL QUESTIONS FULLY

Details of Insured

Name: (Mr./Mrs./Ms./Dr.)

Address for correspondence

Contact No.

Mobile

Name and Address of Mortgagee(s) or other persons having financial interest in the property.

Name: (Mr./Mrs./Ms./Dr.)

Address

Are you or any of the proposed applicants 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 or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Details of other Insurance

Name of Insurer	Policy No. (s).	Sum Insured Rs.	Period	
			From	To

N.B. If Insurance is effected with other Companies, copies of such Policies to be attached.

Details of Loss

Date and Time of : Time:

Cause of Loss

Item of Policy affected (give description)

Occupation of the premises at the time of Loss

Has the Fire / Loss been reported to Fire Brigade?

(If not, give reasons)

Has the Fire / Loss been reported to Police?

(If not, give reasons)

Personal accident

Name of the Person Injured/Died

First Name

Middle Name

Last Name

Place of injury/ Death

Details of the accident

Whether reported to Police ☐ Yes ☐ No If yes then name and address of Police Station.:

Was the injured /deceased person moved to hospital immediately after the accident? ☐ Yes ☐ No

If yes, Name & address of the hospital

Fine Art and Valuables

Has a complaint been lodged with the police? If so, by whom and when and at which police station? Attach copy of FIR

☐ Yes ☐ No

Was the property occupied at the time of loss? ☐ Yes ☐ No

If not, on what date and at what hour were they last occupied? : **Time:** :

For how long have the property been unoccupied?

Is anybody suspected of theft? If so, state full details

Is the Insured the sole owner of:

The Property lost or damaged? ☐ Yes ☐ No

if no, the Property belongs to whom ?

Is the Insured responsible for repairs to the Property?

State the total value of /item (s) in the Dwelling at the time of loss.

Burglary and/or theft claim:

Which portion of the Dwelling effected by the entry/exit?

Has a complaint been lodged with the police? If so, by whom and when and at which police station? Attach copy of FIR

Was the property occupied at the time of loss?

a) If not, on what date and at what hour were they last occupied?

b) For how long have the property been unoccupied?

Is anybody suspected of theft? If so, state full details.

Is the Insured the sole owner of: The Property lost or damaged? ☐ Yes ☐ No

if no, the Property belongs to whom ?

Is the Insured responsible for repairs to the Property?

State the total value of /item (s) in the Dwelling at the time of loss.

Value and description of Contents lost, to be given In the Annexure I.

Any other relevant information.

Loss of Cash in Safe:

Which portion of the Dwelling effected by the entry/exit?

Has a complaint been lodged with the police? If so, by whom and when and at which police station? Attach copy of FIR

Was the property occupied at the time of loss?

a) If not, on what date and at what hour were they last occupied?

b) For how long have the property been unoccupied?

Is anybody suspected of theft? If so, state full details.

Is the Insured the sole owner of: The Property lost or damaged? ☐ Yes ☐ No

If no, the Property belongs to whom ?

Is the Insured responsible for repairs to the Property?

State the total value of /item (s) in the Dwelling at the time of loss.

Value and description of Contents lost, to be given In the Annexure I.

Any other relevant information.

Date and Time of when loss was discovered : D | D | M | M | Y | Y | Y | Y Time: | | : | |

What was the amount carried?

In whose custody was the money at the time of loss?

Any other relevant information

Personal Liability Claim:

Particulars of consequences of the accident: _____

Details of loss / injury / death /damage _____

Number of victims _____

Give name/s, address/es and occupation/s of such person/s

Name: (Mr./Mrs./Ms./Dr.) _____

First Name

Middle Name

Last Name

Address _____

Occupation _____

State where such person were at the time of Accident _____

Have the injured persons been removed to hospital or medically attended? If so, give particulars

Has the Accident caused damage to property? ☐ Yes ☐ No

If so, give name/s and address/es of the owner/s of the property and full description of the property and state the nature and extent of damage.:

Name: (Mr./Mrs./Ms./Dr.) _____

First Name

Middle Name

Last Name

Address _____

Nature and extent of damage. _____

Has any person made any claim upon you? If so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted).

Estimated quantum of liability under (3) and (7) above _____

Recreational Bicycle Claim:

Details of loss: _____

Particulars pertaining to the accident: _____

Has the Accident caused damage to property? ☐ Yes ☐ No

If so, give name/s and address/es of the owner/s of the property and full description of the property and state the nature and extent of damage.:

Name: (Mr./Mrs./Ms./Dr.) _____

First Name

Middle Name

Last Name

Address _____

Nature and extent of damage. _____

Has any person made any claim upon you? If so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted).

Estimated quantum of liability under (3) and (7) above _____

Pet Claim:

About your Pet _____

Your Pet's condition(Filled by the vet) _____

Previous Veterinary practices _____

Marine Transit Claim:

Address of the New Residence

Has a complaint been lodged with the police? If so, by whom and when and at which police station? Attach copy of FIR

Value and description of Contents lost, to be given In the Annexure I.

Details of Mode of conveyance, Goods Receipt No. / Railway Receipt No./ Airway Bill No. for transit distance Mechanical/electrical appliances Breakdown Claim:

Date of Breakdown : D D M M Y Y Y Y Age of the appliance(s):

Details of the event of loss:

Value and description of Contents lost, to be given In the Annexure I.

Address of the Dwelling at which loss

Address where the loss can be inspected.

Extent of Loss (as more particularly described in the statement overleaf)

Any additional information relevant to processing of claim.

Annexure I

S No	Description of item	Value (INR)
1	-	-
2	-	-
3		
4		
5		
6		
7		
8		
9		
10	-	-

Claim Clause/ Settlement of Claim:

- 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
 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 the 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 through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
- g. I/We understand that the Company has right to call for documents to establish source of funds
- h. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.
- i. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: _____

Date:

Signature of the Claimant



ICICI Lombard General Insurance Company Limited

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

Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com • Toll Free No.: 1800 2666 • Chargable No.: +91 86 55 222 666

Insurance is the subject matter of solicitation. IRDA Reg. No. 115. CIN: L67200MH2000PLC129408. Misc 180.