ICICI Lombard

CLAIM FORM KIDNAP AND RANSOM LIABILITY INSURANCE

Please note that the Insured shall, as a condition precedent to the Insurer's liability under the policy for Loss on account of a Claim, give to the Insurer such information and cooperation as the Insurer may reasonably require, including but not limited to the indicative information asked in this form. Each Insured agrees not to settle or offer to settle any Claim, incur any Defence Costs or Legal Representation Expenses or otherwise assume any contractual obligation or admit any liability with respect to any Claim without the Insurers' prior written consent. Please note that the intimation is without prejudice, and the insurer's rights are reserved.

Policy Number: _____

Policy Details

1	Type of Cover:	Kidnap and ransom insurance
2	Policy period	
3	From	
4	To	
5	Retroactive Date	
6	Limit (sum Insured)	
7	Deductible	
8	Date of Occurrence of Circumstances leading to loss	

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;".

Claim Details

9	Description of the Claim	
10	Jurisdiction affected	
11	The nature of the alleged kidnapping	
12	The date it was committed,	
13	The nature of the alleged damage,	
14	The names of the claimants	
15	Defendants	
16	The manner in which the Insured first became aware of the Claim	
17	Details of Other Insurance covering same risk	

Estimated amount of claim: _____

Chain of Events (in chronological date wise) _____

Please attach separate pages if required

Status of proceedings as on date: D D / M M / Y Y Y Y

CLAIM FORM KIDNAP AND RANSOM LIABILITY (Contd.)

Please attach along with this Claim Intimation Form

1. Copy of the legal notice/Written Intimation received by the insured
2. Any legal opinion considered by the insured
3. Copy of the complete correspondence till date.

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, all proceedings filed before the courts, communications exchanged with the insured, invoices, payment proofs, internal/external investigation report of the insured, Insureds counsel opinion on merits and demerits of the case, insured counsel engagement letter 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, as applicable.

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.

For and on Behalf of _____

Place :

Date : D D / M M / Y Y Y Y

Authorised Signatory _____