

CLAIM FORM BOILER & PRESSURE PLANT INSURANCE

Date Of Intimation Time Of Intimation

Claim Reported By

Name

Designation Date of Loss

Phone No. E Mail ID

Fax No. Personal contact

Name of Insured

Policy No. Period From To

Type of Policy Policy copy available at loss site ☐ Yes ☐ No

Cause of Loss

Estimated Loss Sum Insured

Property Damaged/Interest Affected

Address where loss can be assessed

Notification of Loss/ Damage
(The issue of this form is not to be taken as an Admission of Liability)
PLEASE ANSWER ALL QUESTIONS FULLY

1. DETAILS OF INSURED

i. Name

ii. Address for correspondence

iii. Contact Number

2. Location of Boilers

3. Address where the loss can be inspected

4. a. Full description of Boiler in which explosion/collapse has occurred

b. Insured value of the Boiler which exploded/collapsed

5. Date and time of explosion or collapse

6. Cause of explosion/collapse (Please give full information)

7. Particulars of

a. Damage to the Boiler in which explosion originated or collapse occurred

a. Damage to surrounding property of the insured, if any, directly resulting from the explosion/collapse

8. a. In the case of Steam Boilers / Economisers, Superheats please give particulars of the latest inspection certificates issued by the Government Inspection Department (True copies of certificates should be supplied)

b. Was the Boiler at the time of accident operated within the conditions of pressure temperature and other safety requirements specified by Boiler Inspector of pressure and or other competent Authority

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: IRDAN115RP0006V02200708 (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.

CLAIM FORM BOILER & PRESSURE PLANT INSURANCE
Toll free no : 1800 2666
Alternate no : 86552 22666 (Chargeable)
Website : www.icicilombard.com
E-mail : customersupport@icicilombard.com

9. a. Please give an estimate of the loss or the possible repairs / replacements costs in respect of _____
 b. your own surrounding property (damaged) _____
10. a. Nature and extent of damage to property if any, belonging to third parties _____
 b. Names and addresses of owners of property so damaged _____
11. a. Nature and extent of personal injury, if any, to third parties _____
 b. Names, addresses, and ages of injured persons _____
12. Has any communication, verbal or written, been made to you by or on behalf of any injured person or owner of third party property involved in the damage? If so, please give particulars (Any written communication received must accompany this form) _____
13. Has the explosion/collapse been notified to the Government/ Statutory/Local Authorities? If so, to whom and when? _____
14. In case of repairs to Boiler, please state whether competent and approved Repairs are available locally if so: give names and addresses of Repairs NOTE: All major repair entrusted to any Repair or Contractor must be done only with the prior approval of the Insurers. _____
15. Are there any other insurance effected by you or any other person covering the property damaged or any part thereof? If so, please give details _____
16. Any additional information relevant to processing of claim _____

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;"

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/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

Proposer's Signature

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STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy; nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to ten lakhs rupees.

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