



### Declaration by Insured

I/We hereby declare that the Statements made by me / us in this claim form are true to the best of my / our knowledge and belief.

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 Insured

### 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: IRDAN115RP0006V01200405 (Retail)

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,  
Near Siddhivinayak Temple, Prabhadevi,  
Mumbai 400 025.

CLAIM FORM CIVIL ENGINEERING COMPLETED RISKS (CECR) INSURANCE

Toll free no : 1800 2666

Alternate no : 86552 22666 (Chargeable)

Website : www.icicilombard.com

E-mail : customersupport@icicilombard.com