ICICI Lombard

CLAIM FORM CIVIL ENGINEERING COMPLETED RISKS (CECR) INSURANCE

Area Office Code/Service Center Code

Broker/Agent Name & code Code

Name of the Insured

Customer ID Address of the Insured

Plot No/Door No. Building Name

Road Area

City State Pin Code

Contact No. Email ID

Please give following details pertaining to all the policies involved in the loss:

Policy No.	Risk Covered	Insured item & Location	Sum Insured (Rs)	Estimated amount of loss (Rs)

Period of insurance: From D D M M Y Y Y Y To D D M M Y Y Y Y

Date & time of loss Date D D M M Y Y Y Y Time H H M M A M P M

Nature & cause of loss (please describe the circumstances leading to the loss)	
Give details of insurance with any other insurance company on the risk involved in the loss/accident	
If insured is not sole owner, the nature of his/their interest in the property and details of other interests	
Whether the loss is intimated to a. Police b. Fire Brigade	
Was any claim reported in the past on the same property during current policy period? If so, give details regarding	
a. Cause b. Date ofaccident C. Claim number d. Policy issuing office e. Amount of claim paid/outstanding	

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;".

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 D D M M Y Y Y Y

Signature of Insured