



ICICI Lombard General Insurance Company Ltd.
ICICI LOMBARD HOUSE, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025
UIN: IRDAN115CP0006V01202122

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

CLAIM FORM BUSINESS GUARD PLUS

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

Office Address:	Cover Note / Policy No :
	Period of Insurance :
	Date of Accident :
	Claim Number :

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
i)	Name	(i)
ii)	Address for correspondence	(ii)
iii)	Contact Number	(iii)
2.	When did the loss or damage occur? (State date and time)	
3.	The address where the property (item) covered is situated.	
4.	What was damaged?	
a)	Item of the Inventory	a)
b)	Sum Insured	b)
c)	The description of the equipment.	c)
d)	Manufacturer's name and year of manufacture. (Full details as on maker's plate to be given)	d)
e)	What is the cost of replacement of the equipment by new equipment of the same size and capacity	e)



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5.a)	Was the property brand new or second hand?	a)
b)	What was the last occasion before the damage when the equipment was serviced or attended to for maintenance or damage?	b)
6.	Is the damaged property totally destroyed?	
7.	What has occurred and which parts of the property are damaged to such an extent the replacement is necessary?	
8.	Has the period of guarantee expired? If so, when?	
9.	What is the estimated amount of loss or damage?	
10.	What was the cause of the damage and how did it occur? (This question must be answered in detail and a sketch given wherever possible)	
11a)	Has the property undergone any repairs previously?	
b)	What was the nature of such repairs?	
12.	Give the name and address of the repairer where repairs will be executed: (Provisional repairs will be indemnified)	
13.	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 close relative of a 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;"



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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 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 the Insured

ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.16, 601/602, 6th Floor, New Link Road Malad (W), 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 • Chargeable No.: +91 86552 22666 • Insurance is the subject matter of solicitation.

IRDA Reg. No. 115. • CIN: L67200MH2000PLC129408.