

CLAIM FORM

Issuance of this claim form is not to be taken as an admission of liability

You can lodge a claim with Us by any of the below means

- You can lodge a claim through Our website: www.icicilombard.com
- To register Your claim on the phone, please dial Our Toll Free Number: 18002666
- You may visit any of Our nearest branches and meet Our representatives

PART - I: Customer related details (To be filled by Insured Person/ claimant)

Note: Please attach a separate sheet if space available is not sufficient for filling in complete details wherever applicable.

A. Insured Person Details:

Policy No.:

Name of the Policyholder:

Name of the Insured Person:

Date of birth:

Gender: Male ☐ Female ☐ Other ☐

Contact Details: Mob. / Res. No.

Email Id:

Aadhaar Card No. of Insured Person:

Pan Card:

ICICI Lombard General Insurance Company Limited
Financial Shield Package policy – Group

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,

UIN : IRDAN115RPMS0017V01202627

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

B. Claimant Details (Please ignore if Insured Person is claimant)

Name of claimant:

Relationship of claimant with Insured Person:

Address for communication:

Contact Details: Mob. / Res. No.

Email Id:

Aadhaar Card No. of claimant: / / Pan Card:
(Please ignore if Insured Person is claimant)

Do You have any other insurance for similar claim (either with Us or with any other insurer)
If yes please specify details

Name of the insurer	Policy /product name	Policy No.	Policy Period	Sum Insured

C. Loan Details (To be filled by Insured Person/ claimant if the Policy is linked to an underlying Loan)

Is the policy assigned: Yes ☐ No ☐

If yes, please mention the name of Financial Institution:

Name of the Financial Institution:

LAN No.:

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EMI amount:

PART- II: Claim Details

Loss Details

Claim No. (If claim has already been registered with ICICI Lombard):

Date of Loss:

Description of Loss/Event:

Claim documents

Generic claim documents

- Duly filled claim form by the insured or claimant
- AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
- Cancel Cheque and NEFT Mandate form - duly filled in by the claimant/insured

Section A: Loss of job

- Document/screenshot from EPFO portal showcasing that PF has not been credited in their account
- Connect with third party vendor to provide confirmation on the loss of job.
- Any other claim documents required in addition will be informed to the Insured

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Section B: Cyber frauds

- E – Complaint letter: Customer can log-in on this portal Cyber Crime Portal and report the fraudulent transaction
- Communication with the bank w.r.t details of the fraudulent activity
- Any other claim documents required in addition will be informed to the Insured

Section C: Home Protect

- Photographs of the damaged assets
- Video based inspection in order to assess the damage
- Any other claim documents required in addition will be informed to the Insured

Section D: Business Shutdown

- Date of incident
- What is the incident
- Nature of Business
- Reason of shutdown
- What is the occupancy
- Surveyor to be appointed to assess the damage due to perils covered; if required
- Any other claim documents required in addition will be informed to the Insured

Section E: Family emergency**Hospitalization of Self and Immediate family members:**

1. Hospital discharge summary
2. Any other claim documents required in addition will be informed to the Insured

Accidental death of self/immediate family members:

1. FIR
2. Death Certificate issued by the Government Authority
3. Any other claim documents required in addition will be informed to the Insured

Permanent Total disability (PTD) Benefit for self/immediate family members:

1. FIR
2. Disability Certificate by Civil Surgeon / Government Hospital

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3. Any other claim documents required in addition will be informed to the Insured

Section F: Trip cancellation

- Confirmation of cancellation of the Trip from the Common Carrier/ Public Carrier
- Ticket issued by the Common Carrier/ Public Carrier indicating the cost of the ticket and receipt for the refund of the fare of the Common Carrier/ Public Carrier towards the cancelled portion of the Trip, the cancellation charges retained by the Common Carrier/ Public Carrier or the Travel Agent;
- Original bill and a receipt / letter obtained from the hotel and / or guest house indicating the amount paid for the accommodation, the refund given and the cancellation charges retained for the unused portion of the Trip;
- Medical evidence as may be required in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Immediate Family Member
- Any other claim documents required in addition will be informed to the Insured

Section G: Event Cancellation

- Surveyor to be appointed to assess the damage due to perils covered
- Any other claim documents required in addition will be informed to the Insured

Section H: Broken Bones Benefit

- Indoor case papers
- MIC/ FIR
- All diagnostic reports
- Any other claim documents required in addition will be informed to the Insured

PART- IV: NEFT Details

Please provide any one of the below documents of the claimant or Insured Person's whose name has been explicitly stated in the Policy Certificate:

- Self-attested copy of a valid Identity proof of the claimant/Insured Person's
- Cancelled cheque copy ,Bank attested copy of Passbook with IFSC code - For Refunds ,Copy of Passbook with IFSC Code, Account Number, Bank Logo and Account holder Name if cancelled cheque does not contain account holder name

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- Claimant /Insured Person's name(as per bank records:
□□□□□□□□□□□□□□□□□□□□
- Claimant /Insured Person's bank account no.: □□□□□□□□□□□□□□□□
- Name of the bank: □□□□□□□□□□□□□□□□□□□□□□
- Branch name: □□□□□□□□□□□□□□□□□□□□□□
- Address of the bank: □□□□□□□□□□□□□□□□□□□□□□□□
- IFSC code no. of the bank: □□□□□□□□□□□□□□ (should be same as per the provided cheque leaflet)

*Nominee's bank account details are required in case of a death claim.

1. The details provided by the claimant / Insured Person in the Mandate Form provided by us shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective claimant / Insured Person within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The claimant / Insured Person agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the claimant / Insured Person bank account on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/ inaction/ failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The claimant / Insured Person agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.

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5. ICICI Lombard General Insurance Company Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The claimant/ Insured Person may discontinue or terminate the use of RTGS/ NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The notice of, such termination should be given to ICICI Lombard General Insurance Company Ltd. only at its corporate address and be addressed at
“ICICI Lombard GIC Ltd., ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025.”
6. A confirmation of the receipt of termination notice given by the claimant/ Insured Person will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the claimant/ Insured Person construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard General Insurance Company Ltd. to the claimant/ Insured Person stating the date of receipt of such communication by the claimant/ Insured Person.
7. The claimant/ Insured Person agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the claimant/ Insured Person's bank, shall be borne by the claimant/ Insured Person only
8. ICICI Lombard General Insurance Company Ltd. has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of ten days for such changes wherever feasible for the Terms and Conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the claimant/ Insured Person shall be deemed to have accepted the changed Terms and Conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by ICICI Lombard General Insurance Company Ltd..
10. Notices under these Terms and Conditions may be given in writing by delivering them by hand, or e-mail, or displaying them on ICICI Lombard General Insurance Company Ltd. Website “www.icicilombard.com”, or by sending them by post to the last address of the claimant/ Insured Person.
11. These Terms and Conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai, in India.

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Claimant/Insured Person Declaration:

1. I/we undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to my/our knowledge through any other source.
2. I/we agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers. This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the claimant/ Insured Person.

Place: Date:

Signature _____

Additional Declaration:

I hereby agree, affirm and declare that:

- a) The statements/Information stated by me/us in the claim form are true, correct and complete.
- b) No material information which is relevant to the processing of claim on which in any matter has been withheld or not disclosed.
- c) I authorize ICICI Lombard General Insurance Company Ltd. to collect on my behalf any medical information from concerned Hospital authorities such as indoor case papers, viscera reports, investigation reports etc, or any other information such as FIR/ death certificate etc from any other institutions relevant to this claim.
- d) If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in manner failed to disclose material information, the policy shall be void and that I 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 document does not constitute or be deemed to constitute an agreement by ICICI Lombard General Insurance Company Ltd. of the claim and ICICI Lombard General Insurance Company Ltd. reserves the rights to process or reject or require further/additional information in respect of any claim.

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- f) The policy shall become void at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particularly in the claim form/personal statement, declaration and connected documents, or any material information or having been withheld by the Insured Person or any one acting on his behalf.
- g) hereby give my consent to the Company to verify my identity through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

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Signature _____

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ICICI Lombard House 414, Veer Savarkar Marg, Siddhi Vinayak Temple, Prabhadevi, Mumbai
400025

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