ICICI Lombard General Insurance Company Ltd.
ICICI LOMBARD HOUSE , 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple,Prabhadevi,Mumbai - 400 025.
UIN IRDAN115CPSU0003V02202425 CIN : L67200MH2000PLC129408

Surety Insurance Unconditional- Claim Form

"ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY"

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by authorized person of Insured/ Claimant
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.

Date of Claim: _____ **ICICI Lombard Policy No: _____**

Details of the Creditors/ Beneficiary/ Claimant:

Name:	
Complete Address:	
Authorized person:	Name:
	Designation:
	Contact number:
	Email ID:
Amount of Surety Bond claimed:	
Reasons for Revoking Surety Bond, along with supporting information	

Details of the Insured/ Principal Debtor/ Contractor/ Concessionaire and Project

Name:	
Complete Address:	
Contact person:	Name:
	Designation:
	Contact number:
	Email ID:
Project Name:	
Project Value:	
Bond Value:	

Bank Account Details of Creditors/ Beneficiary/ Claimant for claim payment

Name of the bank account holder:	
Bank Account No:	
Name of Bank & Branch:	
IFSC Code:	
Account Type:	
Attachments in support of Bank Details (Please tick the type of proof submitted)	◯ Cancelled Cheque ◯ Bank Passbook Copy

The claim form for Surety Insurance must be accompanied by the following annexures:

Particulars	Attached
1. Written demand from the Creditor to the Company for invocation of the Surety Bond mentioning the amount and the condition/s breached by the Principal Debtor. The said demand must also (wherever applicable) record and attach copy that an opportunity given to the Principal Debtor to rectify the alleged Default, as per the terms of the underlying Contract, was provided but the said alleged Default has not been cured by the Principal Debtor	◯ Yes ◯ No
2. Any other necessary documentation required by the Company, as deemed necessary to establish the Principal Debtor's liability and/or the quantum of the claim payable under this Surety Bond.	◯ Yes ◯ No

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 any endorsement in the policy.
c) 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.
d) 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.
e) 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.
f) 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.
g) 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 through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Claimant Signature & Company Seal:	
Authorized Signatory Name:	
Authorized Signatory Designation:	
Date:	
Place:	