

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

Regd. Office: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhivinayak Temple,
Prabhadevi, Mumbai, 400025

CLAIM FORM FOR ICICI COMPLETE HOME PROTECT
Notification of Physical Loss or Damage
(The issue of this form is not to be taken as an Admission of Liability)

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED			
(i)	Name			
(ii)	Address for correspondence			
(iii)	Contact Number.			
(iv)	Name and Address of Mortgagee(s) or other persons having financial interest in the property.			
2.	DETAILS OF OTHER INSURANCE			
	Name of Insurer	Policy No. (s).	Sum Insured Rs.	Period
				From To

N.B. If Insurance is effected with other Companies, copies of such Policies to be attached.

3.	DETAILS OF LOSS	
a)	Time & Date of Loss	a)
b)	Cause of Loss	b)
c)	Item of Policy affected (give description)	c)
d)	Occupation of the premises at the time of Loss	d)
e)	Has the Fire / Loss been reported to Fire Brigade? (If not, give reasons)	e)
f)	Has the Fire / Loss been reported to Police? (If not, give reasons)	f)

a) b) c) d) e) f) g) h)	Personal Accident: Name of the Person Injured/Died Place of injury/ death Details of the accident Whether reported to Police. If yes then name and address of Police Station. Was the injured /deceased person moved to hospital immediately after the accident? If yes , Name & address of the hospital	a) b) c) d) e) f) g) h)
a) b)	Additional Living Expense: What is the period of which property remained unfit for occupation? What is the Additional Living Expenses paid by the insured as a consequence of loss?	a) b)
a) b) c) d) e) f) g) h)	Burglary and/or theft claim: Which portion of the Dwelling effected by the entry/exit? Has a complaint been lodged with the police? If so, by whom and when and at which police station? Attach copy of FIR Was the property occupied at the time of loss? (a) If not, on what date and at what hour were they last occupied? (b) For how long have the property been unoccupied? Is anybody suspected of theft? If so, state full details. Is the Insured the sole owner of (a) The Property lost or damaged? (b) if no, the Property belongs to whom ? (c) Is the Insured responsible for repairs to the Property? State the total value of /item (s) in the Dwelling at the time of loss. Value and description of Contents lost, to be given In the Annexure I. Any other relevant information.	
a) b) c) d) e) f) g) h)	Loss of Cash whilst in transit claim: Date & Time when loss was discovered Places between which money was in transit How & where did the loss occur? What was the amount carried? In whose custody was the money at the time of loss? How was the money carried? Means of transport Any other relevant information	

	Personal Liability Claim: a) Particulars of consequences of the accident: b) Details of loss / injury / death /damage c) Number of victims c) Give name/s, address/es and occupation/s of such person/s d) State where such person were at the time of Accident e) Have the injured persons been removed to hospital or medically attended? If so, give particulars f) Has the Accident caused damage to property? g) (i) If so, give name/s and address/es of the owner/s of the property and full description of the property and state the nature and extent of damage. (ii) Has any person made any claim upon you? If so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted). (iii) Estimated quantum of liability under (3) and (7) above	
4	What is amount of loss of item to the lawn and its belongings?	
5	Address of the home building at which loss occurred.	
6.	Address where the loss can be inspected.	
7.	Extent of Loss (as more particularly described in the statement overleaf)	
8.	Any additional information relevant to processing of claim.	

Annexure I:

List of items above INR 50,000		
S No	Description of item	Value (INR)
1	-	-
2	-	-
3	-	-
Vault wise details of items		
Vault	Vault 1	Vault 2
Description of item	-	-
Value (INR)	-	-
List of items covered under Specified articles		
S No	Description of item	Value (INR)
1	-	-
2	-	-
3	-	-

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.

Place:

Date:

Signature of the Claimant