

**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 Lombard IAR Policy  
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.    | Policy Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| 2.    | Claim Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| 3.    | DETAILS OF INSURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| (i)   | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YES / No |
| (ii)  | Address for correspondence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
| (iii) | Contact Number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |
| (iv)  | Name and Address of Mortgagee(s) or other persons having financial interest in the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| (v)   | Are you or any of the proposed applicants/beneficial owner a PEP* or a Family member/ close relative/ Associates of a PEP*? If yes, please give details (Nature of relationship and position held by PEP):<br>*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc. |          |
| 4.    | DETAILS OF OTHER INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |

**ICICI Lombard General Insurance Company Limited  
ICICI Lombard IAR Policy**

**IRDA Reg No. 115**

Mailing Address:  
601 & 602, 6th Floor, Interface 16,  
New Linking Road, Malad (West)  
Mumbai – 400064

**CIN: L67200MH2000PLC129408**

Registered Office Address:  
ICICI Lombard House, 414, Veer Savarkar,  
Marg, Near Siddhi Vinayak Temple, Prabhadevi,  
Mumbai 400 025

**UIN – IRDAN115CPPR0007V01202425**

Toll Free no : 1800 2666  
Alternate No: 86552 22666  
E-mail: [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)  
Website: [www.icicilombard.com](http://www.icicilombard.com)

| 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.

|    |                                                                              |    |
|----|------------------------------------------------------------------------------|----|
| 5. | <b>DETAILS OF LOSS</b>                                                       |    |
| 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?<br>(If not, give reasons) | e) |
| f) | Has the Fire / Loss been reported to Police?<br>(If not, give reasons)       | f) |
| 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.                  |    |

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):

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Website: [www.icicilombard.com](http://www.icicilombard.com)

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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 through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
- g. I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
- h. I/We 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

Place:

Date:

Signature of the Claimant

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