

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025
Toll-free number: 1800-2666
Email - customersupport@icicilombard.com
CIN- L67200MH2000PLC129408

CLAIMS FORM FOR LATENT DEFECTS INSURANCE POLICY

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

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
	a) Name	
	b) Address of Correspondence	
	c) Name of developer	
	d) Contact Number	
2.	Name of Developer	
3.	Policy No.	
4.	Policy Period	
5.	When did the destruction /damage/threat of imminent collapse occurred/noticed (State date and time)	
6.	The address where the property (item) covered is situated.	
7.	Particulars of item damaged(please specify in details): a) Structural Components b) Internal Components, Fittings, Installations and Contents c) External Components	a) b) c)
8.	Details of surrounding property damages, if any.	

9.	What was the cause of the structural defects? a) Design defect b) Workmanship defects c) Materials defects	a) b) c)
10.	Give name & address of the witness to the occurrence	
11.	a) Nature & extent of damage if any belonging to third party. b) Name & addresses of owner of property so damaged?	a) b)
12.	Address where the damaged items can be inspected.	
13.	What is the estimated costs for the repairs of damage to : a) Structural Components b) Internal Components, Fittings, Installations and Contents c) External Components	a) b) c)
14.	How will the destruction /damage/ threat of imminent collapse to be repaired ?(state the details whether any parts must be replaced)	
15.	Will any alterations or improvements be made to design, construction or material when repairs are carried out?	
16.	The estimate salvage or scrap value of damaged parts to be replaced.	
17.	Details of any other insurance under which you are entitled to recover in respect of the loss or damage.	
18.	Do you wish to carry out repairs yourself?	Yes/No
19.	Name & address of the repairer, if entrusted for repairs.	
20.	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;".

The documents generally required for processing of claims are:

1. Policy/Underwriting documents.
2. Survey Report with Photographs
3. Claim Form, duly completed.
4. Log book / Asset register / Capitalized item list
5. Repair / Replacement invoices with receipt
6. All Applicable valid Certificates
7. Any other relevant documents required based on type of loss
8. KYC documents where settlement amount is over 1 lac

Apart from above Standard documents some other documents may be called for based on the nature of claim. Any other document as may be necessary and appropriately applicable for the claims preferred under the different sections of the policy.

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

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.

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