

ICICI LOMBARD MOTOR INSURANCE CLAIM FORM

Issuing this form does not mean that the claim has been approved.
For assistance or to know your claim number, call our Toll-Free Helpline: 1800 2666.

Section A: Insured Details:

Policy / Cover Note Number:
Claim Number (if available):
Name of the Insured:
Mobile Number: (for communication)
Email ID:

Section B: Registration Number

Name of the Insured: Chassis Number:
Vehicle Make: Vehicle Model:

Section C: Accident Details

Date of Accident: Time of Accident: am/ pm
Exact Location of Accident (Address / Landmark)
Vehicle Status at the Time of Accident ☐ Parked ☐ Moving
Brief Description of the Accident:
Any Third-Party Injury? ☐ Yes ☐ No

Section D: Driver Details (at the time of accident)

Vehicle was being driven by: ☐ Vehicle Owner ☐ Other than Owner
Name of Driver:
Driving Licence Number:

Section E: Third-Party Injury / Property Damage (if applicable)

Name of Injured Person / Third Party
Address:
FIR Lodged: ☐ Yes ☐ No
Name of Police Station:
FIR Number:

Section F: Garage Details

Vehicle Reported to Garage: ☐ Yes ☐ No
Garage Name:
Garage Location / Address:

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No. 16,
New Link Road, Malad (West),
Mumbai - 400 064.

CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, P Balu Marg, Off Veer Savarkar Road,
Nr Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025.

ICICI LOMBARD MOTOR INSURANCE CLAIM FORM
Toll free No. : 1800 2666
Alternate No.: 86552 22666 (Chargeable)
Website: www.icicilombard.com
E-mail: customersupport@icicilombard.com

Declaration:

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief.
- In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Further, I/We understand that the Company has a right to cancel the insurance contract and forfeit the claim in case, I/we have been found guilty of making any false or fraudulent statement/declaration.
- I/We have submitted all required documents/information and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information. Due to delay in claimant's submission of required information/documents including KYC documents, Company is at liberty to treat the claim as no claim and close this claim.
- The information provided by me through electronic communication to your Company shall be sufficient for processing of claim. Further, submission of documents/information by me through electronic mode does not require my/our physical signature and hence I shall not insist or raise any issue/object on the Company for not taking/producing any physical claim form.
- I/We agree to provide additional information/documents to the Company, if required at the discretion of your company.
- The receipt of related documents/information does not constitute or deemed to constitute an agreement by the Company for the claim. The Company reserves the right to process or reject or required further/additional information in respect of the claim.
- I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
- I/We hereby provide my explicit and informed consent to the Company for the sharing and disclosure of the documents/information to the garage or Surveyor, for the specific purpose of settlement of claim.
- I/We hereby understand that I have the option to retain the wreck and accept the cash loss settlement for eligible claim.
- I/We will not take input credit of the Goods & Service tax paid by ICICI Lombard General Insurance Company Ltd. in settlement of this motor insurance claim.

Disclaimer: This document is only a transcript of the information submitted by the claimant/insured. The content provided herein reflects the information related to the claim as supplied by the claimant/insured at the time of claim intimation/registration. The Company does not warrant the accuracy, completeness, or reliability of the information provided therein.

Date:

Warm Regards,
ICICI Lombard



IL TakeCare App
iOS | Android



Chat with RIA on
WhatsApp
(+91 7738282666)



Chat with RIA on
our Website



www.icicilombard.com



customersupport@icicilombard.com



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