



Entertainment Production Package Policy

Product UIN: [IRDAN115CPMS0006V01202425]

CLAIM FORM

(The issuance of this form is not to be taken as an Admission of Liability)

PLEASE ANSWER ALL QUESTIONS FULLY

1.	Details of the Insured	
(i)	Name:	
(ii)	Policy No.:	
(iii)	Occupation:	
(iv)	Address for Correspondence:	
(v)	Contact Number:	
2.	Nature of loss/damage	
3.	Details of damaged property	
4.	Place & address where loss took place	
5.	Date and time when loss was first discovered	
6.	State the circumstances of the loss or damage	
7.	Briefly explain the loss	
8.	Estimated value of items lost or damaged	
9.	Date & time of reporting the loss to the police station. (Please furnish copy of FIR)	
10.	Name and address of the police station	
11.	Have you ever before sustained loss of the same nature? If so, give particulars.	

ICICI Lombard General Insurance Company Limited

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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 400025	UIN: IRDAN115CPMS0006V01202425 Toll free no: 1800 26661800 2666 Alternate no: 86552 22666 (chargeable) E-mail: Customersupport@icicilombard.com
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12.	Is there any other insurance for the same movie production? If so, give full particulars	
13.	Third Party Details:	
a.	Number of Victims Name/s, address/es, occupation/s of such person/s	
b.	Has any case been filed in any court of law/tribunal against you, in relation to the accident? If yes, what is the present date of proceedings? Also, help us with the next date of hearing.	
c.	Have any notices/summons of the Court been received by you? If yes, please provide copies of the same.	

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d.	Has the Court passed any interims or final order? If yes, please provide copies of the same.	
e.	Also provide copies of all the documents that have been submitted to the Court, either by you or the Claimants, and copies of all documents.	
14.	Personal Accident details:	
a.	Name and address of the person who has been injured.	
b.	Date & time of injury/death	
c.	Place of injury/ death	
d.	Details of the accident	
e.	Was such person a legal audience or was an employee.	
f.	Where were such persons at the time of injury?	
g.	Whether reported to Police.	



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h.	If yes then name and address of Police Station.	
i.	Was the injured /deceased person moved to hospital immediately after the accident? If yes , Name & address of the hospital	
j.	Has the accident resulted into loss of hand/s or foot/feet or eye/s or permanent disability of any other type which may prevent the insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever?	
k.	Give details of the incident leading to such injury.	
l.	Were any attempts made to avoid such accident. If yes, then give details.	
15.	Any additional information relevant to processing of claim.	

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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 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 Account Holder

Signature of the Claimant

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