



COMMERCIAL GENERAL LIABILITY INSURANCE

CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)

Office Address:	Cover Note / Policy No :
	Period of Insurance :
	Date of Accident :
	Claim Number :

The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given, they may be forwarded to the Company afterwards as soon as possible.

1 DETAILS OF INSURED	
a. Name b. Address c. Contact Number d. Limits of Indemnity under the Policy	
2. Particulars of accident: a. Date and time of occurrence b. Place of accident c. Brief description of the accident (attach separate sheets if necessary) d. When did you first come to know of the accident?	
3. Has the accident been reported to any authority? If so, state by whom and attach a copy of the report submitted (like	



meteorological report, pollution control report etc.) a. What action, if any, has been taken by the Insured to mitigate the loss? b. Give particulars of any other insurance, if any, in respect of the same risk.	
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Claim Clause/ Settlement of Claim:

- 1) Claim Intimation: Connect with us via: Toll-free no.: 1800 2666, Email ID: customersupport@icicilombard.com, on our website: <https://coclaims.icicilombard.com/claimstracker/CommercialClaims/ccplandingpage.aspx> Register the claim and submit claim related documents along with claim form. You will receive a claim reference number as your reference point for future correspondence.
- 2) File an FIR: In case of third-party property damage/bodily injury, fire etc. if applicable as per policy terms and conditions.
- 3) Surveyor Appointment: Your Claims Manager (CSM) will contact you and appoint a licensed surveyor basis claim eligibility within 24 hours of reporting the claim
- 4) Documents: submit documents to the assigned CSM/Surveyor.

List of documents which are necessary and relevant to the claim are as below:

1. Claim bill / Claim Form duly filled up
2. Photographs / Video of damaged property/item under claim
3. Document/s in support of admissibility of the claim, for instance, all proceedings filed before the courts, communications exchanged with the insured, invoices, payment proofs, internal/external investigation report of the insured, Insureds counsel opinion on merits and demerits of the case, insured counsel engagement letter etc.
4. FIR / Final Police investigation report wherever applicable
5. For items which are to be repaired or reinstated, repair/ replacement quotation, invoice and payment proofs for each and every item as claimed.
6. For items which are under claim & not to be repaired or reinstated, documents substantiating the quantum & value of the items under claim
7. Offer for retention of salvage, if any
8. KYC / NEFT Details as per AML guidelines
9. Invoice copy / Goods Receipt Note / Monetary Claim on carrier / Damage Certificate
10. Any other document which may be specified by the surveyor post completion of initial survey
- 5) Assessment Approval: Repair/Replacement details submitted in support of the claim will be assessed and approved by CSM/surveyor
- 6) Salvage: The amount that is assessed which the damaged asset will fetch in the open market (wherever applicable).
- 7) Turnaround Time (TAT): Assessment sheet /Survey report will be furnished within 15 days of receipt of claim form and documents. Claim will be decided within 7 days of receipt of the assessment sheet / survey report, as applicable.



I/We hereby agree, affirm and declare that:

1. The statements/information given/stated by me/us in this incident reporting form are true, correct and complete.
2. 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.
3. 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.
4. The receipt of this incident reporting 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:

Stamp of the insured:

Signature of Insured