

**ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED**

Regd. Office: ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi, Mumbai, 400025

CLAIM FORM FOR CORPORATE COVER II INSURANCE**Notification of Loss and Damage**

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

GENERAL INFORMATION

1. INSURED DETAILS			
(j)	Name of the Insured		
(ii)	Policy No.		
(iii)	Policy Period	From	To
(iv)	Address		
(v)	Contact Number		
2. LOSS DETAILS			
(i)	Date and Time of loss	dd/mm/yy	hrs-min
(ii)	Date and time of discovery	dd/mm/yy	hrs-min
(iii)	Address of the premises where the loss occurred		
(iv)	Cause of Loss		
(v)	Brief description of incident		
(vi)	Estimated loss amount		
(vii)	Other insurance on same loss, if yes details		
(viii)	Any other information relevant to processing of claim		
(ix)	Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*? Yes ☐ No ☐ If yes, please give details (Nature of relationship and position held by PEP):		

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601 & 602, 6th Floor, Interface 16
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408**Registered Office Address:**

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

UIN: IRDAN115RP0005V02200203**Corporate Cover II Insurance****Toll free no : 1800 2666****Alternate no : 86552 22666 (chargeable)****E-mail : customersupport@icicilombard.com****Website : www.icicilombard.com**

	"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;".
	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, Service Engineer's Report, Fire Brigade Report, 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

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	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 (This condition will not apply in case of policies issued on the property/building on reinstatement value basis).
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If the loss or damage in respect of which this claim is being preferred was caused by an insured peril under the

ICICI Bharat Sookshma Udyam Suraksha cover, please complete the following:

DETAILS OF LOSS		
1)	Time & Date of Loss	a)
2)	Cause of Loss	b)
3)	Item of Policy affected (give description)	c)
4)	Occupation of the premises at the time of Loss	d)
5)	Has the Fire / Loss been reported to Fire (If not, Brigade? give reasons)	e)
6)	Has the Fire / Loss been reported to Police? (If not, give reasons)	f)
7)	Address where the loss can be inspected.	
8)	Extent of Loss (as more particularly described in the statement overleaf)	
9)	Any additional information relevant to processing of claim.	

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If the loss or damage in respect of which this claim is being preferred was caused by an insured under the Consequential Loss (Fire) Cover, please complete the following:

1.	Date and time of Accident	
2.	Estimated Interruption period	
3.	Turnover for the previous and current Financial year.	
4.	Gross profit for the previous and current financial year	
5.	Standing charges for the previous and current Financial year	
6.	Details of the facility affected	
7.	Any alternate facility used in the interruption period Specify, if any	
8.	Any additional costs incurred in the interruption period, Specify, if any	
9.	Estimated time required for reinstatement	
10.	Any additional information relevant to processing of claim	

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If the loss or damage in respect of which this claim is being preferred was caused by an insured peril under the AllRisk-Functional Equipment of the All Risk-Non Functional items cover, please complete the following:

1.	Place & address where the loss tookplace	
2.	Nature of loss/damage	
3	Details of property damaged/lost	
4.	Sate the circumstances of the lossor damage	
5.	Estimated value of items lost orDamaged	
6.	Date and time of reporting the lossto Police Station. (Please furnish copy of FIR)	
7.	Are you the sole owner of theproperty? If no, provide the details.	
8.	Any other information relevant toprocessing of claim	

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If the loss or damage in respect of which this claim is being preferred was caused by an insured peril under the Burglary cover, please complete the following:

1.	Were the premises occupied at the time of loss? If not, on what date and at what hour were they last occupied?	
2.	Is anybody suspected of theft? If, so state full details	
3.	Is the Insured the sole owner of the (a) The property lost or damaged? (b) If no, the property belongs to whom? (c) Is the insured responsible for repairs to the premises?	
4.	Value and description of contents lost (Attach separate sheet)	
5.	Any other information relevant to processing to claim	

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If the loss or damage in respect of which this claim is being preferred was caused by an insured peril under the Public Liability/ Employer's Liability/ Personal Accident/ Tenants Legal Liability cover, please complete the following:

1.	Details of the injured person	
(i)	Name	
(ii)	Age and sex	
(iii)	Resident Address	
2.	Details of occupation	
(i)	What is the occupation in which the injured person is employed?	
(ii)	Was the injured person engaged in this occupation when the accident occurred? If not, state fully the nature of the work he was doing at the time of the accident?	
3.	Details of Employment	
(i)	Is the injured person in your direct employment? If yes provide the wages, bonus and other allowances payable per annum to the employee	
4.	Details of injury	
(i)	Give a brief description of injury?	
(ii)	What is the % of disability if any? Attach a Certificate of a Doctor confirming disability?	
(iii)	What is the probable period of the disablement	
5.	Details of Hospital	

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(i)	Has the injured person been removed to Hospital or medically attended? If yes, give name and address of Hospital attending to injured person?	
(ii)		
(iii)	Date of admission in hospital Date of discharge from hospital	
6.	Court Procedure	
(i)	Has any case been filed in any court of Law/tribunal against you, in relation to the accident?	

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(ii)	Date and time of receipt of Notice/Summons from the Authorities. Attach all documents received with the Notice from the court.	
(iii)	Does the insured propose to/has already availed of, any legal advise. If yes, details of the lawyer/law firm together with their opinion.	
(iv)	Any other information relevant to processing of claim	

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If the loss or damage in respect of which this claim is being preferred was caused by an insured peril under the Mediclaim cover, please complete the following:

1.	Name of the Insured:	
(i)	Name of the insured Employee	
(ii)	Salary Roll No.	
(iii)	Policy No.	
2.	Details of the insured person in respect of whom claims is made:	
i)	If family member, name & relationship to the insured	
ii)	Present	
iii)	completed age	
iv)	Occupation	
	Resident Address	
3.	Nature of disease/ illness contracted or injury suffered:	
4.	Date of injury sustained or diseases/illness first detected	
5. (i)	Name and address of the attending medical practitioner:	
(ii)	Registration number of the Hospital/Nursing Homes/Clinic	
(iii)	Date of admission	
(iv)		

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	Date of Discharge	
6.	State whether pre or post Hospitalization expenses are incurred. If yes, please give details of such expenses.	

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(To be filled in by the Employee/ Insured)

Was the injured person in respect of whom claims being made absent from work?	Yes/No
If so, please furnish the details of such absence	

I/We hereby declare that the particulars made by the injured person in the claim form are true to the best of our knowledge and belief.

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

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If the loss or damage in respect of which this claim is being preferred was caused by an insured peril under the Glass Breakage cover, please complete the following:

1.	Total value of loss/damage (description to be enclosed in the separate sheet)	
2.	Whether the breakdown/ damage is repairable/total loss? Attach the estimate of repairs	
3.	Whether the premises was under construction/occupied or vacant, if vacant period of vacancy	
4.	Describe the nature of glass	Plain / Embossed / Silvered / Ornamental / Any other
5.	Any other information relevant to claim	

If the loss or damage in respect of which this claim is being preferred was caused by an insured peril under the Cash in Safe or Cash in Transit or Fidelity or Cheque Forgery cover, please complete the following:

	Cash in Safe/ Transit	
1.	Did the loss occur when the money was kept in safe or whilst in transit?	

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2.	If in Safe	
(i)	Name of the location(s) and details	
(ii)	In whose custody were the Safe keys?	
(iii)	Total amount of money in safe at time of loss	
3.	If in Transit:	
(i)	Date and Time when loss was discovered.	
(ii)	Places between which money was in transit.	
(iii)	How & where did the loss occur? What was the amount carried?	
	Cheque Forgery	
1.	Mention the bank from on which the cheque was drawn.	
2.	Amount of money forged	
3.	Is anybody suspected of fraud	
4.	Brief description of forgery	
5.	Any other information relevant of claim	

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