

Credit / Debit / ATM Card Package Insurance Policy

CLAIM FORM

Notification of Physical Loss or Damage (The issue of this form is not to be taken as an Admission of Liability)

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

1. DETAILS OF INSURED

PLEASE ANSWER ALL QUESTIONS FULLY

i. Name	
ii. Occupation	
iii. Address for correspondence	
iv. Contact No.	

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/Close relatives/Associates of 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;".

2. Nature of loss/ damage.	
3. Place & address where the loss took place.	
4. When and where was the missing property last seen?	
5. Date and time when loss was first discovered.	
6. State the circumstances of the loss or damage.	
7. Estimated value of items lost or damaged	
8. Date and time of reporting the loss to Police Station. (Please furnish copy of FIR)	
9. Name and address of the Police Station.	
10. Are you the sole owner of the property?	

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.

UIN: IRDAN115CP0028V01201920 (Commercial)
CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, P. Balu Marg, Off Veer
Savarkar Road, Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025.

CREDIT / DEBIT / ATM CARD PACKAGE INSURANCE POLICY
Alternate no : 86552 22666 (Chargeable)
Website : www.icicilombard.com
E-mail : customersupport@icicilombard.com

11. Have you ever before sustained loss of the same nature? If so, give particulars. _____
12. Is there any other insurance on the same property? If so, give full particulars _____
13. Any additional information relevant to processing of claim _____

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

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