

CLAIM FORM FOR DETERIORATION OF STOCKS INSURANCE

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

Policy No.		Claim No.	
Policy no. of corresponding Machinery Insurance			
Date of registration	DDMMYYYY		
Area Office Code/Service Center Code			
Broker/Agent Name & code		Code	

Name of the Insured	
Customer ID	Address of the Insured
Plot No/Door No.	Building Name
Road	Area
City	State
	Pin Code
Contact No.	Email ID

1	Give details of machine affected a. Description of machine, make, type. Sr No. year of make and function. b. Item no. in Machinery Insurance policy schedule. c. Date and time of damage. d. Nature of damage (enclose copy of inspection report issued by the Plant Engineer Or Service Engineer) e. Date & time of re-commissioning the machine after completion of repairs.	
2	Did you notify the above Machinery Breakdown to the Insurance company? If so: a. Date of intimation b. Claim number under Machinery policy	
3	If the loss or damage is due to failure of Public Electricity supply, then please give following details: a. Date and time of power failure, duration of interruption period b. Cause of the failure- prearranged shut down, sudden stoppage, etc. Copy of the certificate received from the Electric supply authority to the above effect Should be enclosed.	
4	Give brief details and history of breakdown or power interruption experienced during the past 3 months which affected normal working of cold storage plant.	
5	a. When did the loading of stocks start in the Cold storage chambers? b. Rate of loading per day. Temperature recorded during loading operation. c. When was loading completed?	

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No. 12,
New Link Road, Malad (West),
Mumbai - 400 064.

UIN: IRDAN115CP0060V01201920 (Commercial)
CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

CLAIM FORM FOR DETERIORATION OF STOCKS INSURANCE
Toll free no : 1800 2666
Alternate no : 86552 22666 (Chargeable)
Website : www.icicilombard.com
E-mail : customersupport@icicilombard.com

5	d. When were the bags turned over after loading was complete? e. When did you notice damage to the stocks?	
6	a. What were the quantum of stocks in each chamber on completion of loading? b. What were the quantum of stocks in each of the chambers on the day of occurrence? Please enclose copies of the log book records of stocks held in cold storage chambers for past 3 months	
7	a. Please enclose copies of log book records giving four hourly temperatures and humidity reading records for past 3 months. b. Temperature and humidity reading records during the interruption. c. Temperature and humidity reading records after completion of repairs during ensuing 15 days.	
8	What steps were taken by you following the Breakdown/failure of electric supply to maintain temperature of the cold storage chambers with a view to minimize the loss?	
9	a. What, in your opinion, is the cause of deterioration of stocks? b. What is the nature and extent of damage sustained? c. Have damaged stocks been declared unfit for consumption/use by a recognised statutory inspecting/agricultural authority?	
10	What is your estimate of loss?	
11	What precaution and steps you propose to take to prevent similar loss in future?	

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;".

Declaration by Insured

I/We hereby declare that the Statements made by me / us in this claim form are true to the best of my / 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 Insured

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

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