

CLAIM FORM EMPLOYEE DISHONESTY LIABILITY INSURANCE POLICY

Please note that the Insured shall, as a condition precedent to the Insurer's liability under the Policy for Loss discovered during the Policy Period, give to the Insurer such information and co-operation as the Insurer may reasonably require, including but not limited to the indicative information requested in this form.

Please note that the intimation is without prejudice, and the Insurer's rights are reserved.

Policy Details

1	Type of Cover:	Employee Dishonesty Liability Insurance
2	Insured	
3	Policy Number	
4	Policy Period	
	From	
	To	
6	Limit Of Liability	
7	Deductible	

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;".

Claim Details

9	Description of the Loss	
10	Name of Entity	
11	Date of Discovery	
12	Circumstances leading to discovery of	
13	Loss Estimated Quantum of Loss	

Chronology of Events

Please attach separate pages if required

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: IRDAN115CP0072V01201920 (Commercial)

CIN : L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

CLAIM FORM EMPLOYEE DISHONESTY LIABILITY INSURANCE POLICY

Toll free no : 1800 2666

Alternate no : 8655222666 (Chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

CIN : L67200MH2000PLC129408

Other Insurance

Is there any other insurance that may be applicable to this notification? Yes ☐ No ☐

If Yes, please provide the below details

1	Type of Cover:	
2	Insurer	
3	Insured	
4	Policy Period	
	From	
	To	
Has the matter been notified to the Insurer? ☐ Yes ☐ No		

Status of proceedings as on date

Please attach along with this Claim Intimation Form

Professional opinion & Investigation report taken by the insured

Loss Calculation

Declaration by the Insured

I hereby declare and warrant that to the best of my knowledge and belief the information furnished in this Claim Intimation Form is true, correct and complete and that I have not withheld any information material to this Claim Intimation Form. If I have made any untrue and/or false statement, suppressed or concealed any material fact with respect to the questions/ information sought by the Insurer in the Claim Intimation Form, my right to claim any loss under the Policy shall be forfeited. I also consent and authorize the Insurer to seek necessary information/documents from any third party who has made the claim against the Insured.

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.

For and on Behalf of _____

Date: / /

Place:

Authorised Signatory

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