

CLAIM FORM FOR EVENT INSURANCE

(The issuance of this form is not to be taken as an Admission of Liability)

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.

PLEASE ANSWER ALL QUESTIONS FULLY

1. DETAILS OF INSURED				
i.	Name			
ii.	Address for correspondence			
iii.	Contact Number.			
iv.	Name and Address of Mortgagee(s) or other persons having financial interest in the property. Limits of Indemnity under the Policy			
2. DETAILS OF OTHER INSURANCE				
Name of Insurer		Policy No. (s).	Sum Insured Rs.	Period
				From To

N.B. If Insurance is effected with other Companies, copies of such Policies to be attached.

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;".

1. DETAILS OF EVENT	
2. Particulars of Insured Event:	
i.	Date and time of proposed Event D D M M Y Y Y Y H H M M A M P M
ii.	Location of the proposed Event _____
iii.	Whether any approvals for the insured event taken from government or any regulatory authorities. _____
If yes then kindly give details of approval from the respective authorities. _____	
iii	Approx. number of audience to be present in the proposed event. _____
v.	Duration of the event. _____
vi.	i circumstances leading to the cancellation of the event. _____
vii.	Steps taken to avoid cancellation of event. _____
Whether the insured had any notification of the cancellation of the vent occurring of the event. _____	

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: IRDAN115CP0030V01201920 (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.

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E-mail : customersupport@icicilombard.com

What action, if any, has been taken by the Insured to mitigate the loss? _____

Estimate amount of expenses incurred for arrangement of the insured event. _____

Material Damages to the Equipment/ Insured Property _____

Date and time of damages to the insured property.

D	D	M	M	Y	Y	Y	Y
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H	H	M	M	A	M	P	M
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i. Details of the property damaged. _____

Details of damages to the property. _____

How were damages to such property caused. _____

Whether the property was in use at the time of loss. _____

ii. Whether the property was stored or in use at the time of loss. _____

iii. Location of the property at the time of loss. _____

iv. Whether the property was owned or rented. _____

a. If the property was owned then please specify whether the property purchased was new or second hand. _____

b. Details of the damages caused to the property. _____

c. Whether damage to the property is total loss or can be repaired. _____

d. If repairable then the name and address of repairer. _____

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e If property has been stolen whether the loss has been reported to the police station.

f. Name and address of police station where such loss has been reported.

DAMAGES TO TAPES AND NEGATIVES.

Date of completion of shooting / event for which the tapes / negatives have been lost.

Date and time of damages to tapes/ negatives.

Location of loss

Give details of the nature and the cause of loss.

Approx. amount of expenses incurred in making such tape/ negative.

Give details of such damages

Whether the damages to tapes/ negative are repairable.

If yes then place where the repairs would take place.

Approx expenses incurred for the repairs.

i. Third Party Liability details

Whether any attempt has been done to minimize the losses.

ii. Number of victims

a. Give name/es, address/es Occupation/s of such person/s

Date and time of damages to tapes/ negatives.

Approx amount of liability.

b. State where such person were at the time of accident

iii. Has the accident caused damage to Property?

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If so, give name/s and address/es of the owner/s of the property and full description of the property and state the nature and extent of damage. _____

Give details of incident which has lead to such damages. _____

iv. Has any person made any claim upon you? _____

If so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted. _____

Date and time when you were intimated of such claim. _____

4. COMPROMISE DETAILS

i. Do you agree that you are liable for the accident and the consequential loss/damage either to persons/property or livestock? _____

ii. Reasons for compromise / settlement Please provide comprehensive detail of all reasons, game-plans / strategy for the same. _____

iii. What is the present status of compromise / settlement negotiations? _____

iv. What is the quantum of liability, you are proposing to agree to? _____

v. What are the circumstances /Evidence that favour a Compromise? _____

h. Any other circumstance/evidence. _____

6. COURT PROCEDURE

i. Has any case been filed in any court of law / tribunal against you, in relation to the accident? _____

ii. If yes, what is the present status of the proceedings? Also give the next date of hearing. _____

iii. Have any notices / summons of the court been received _____

iv. Has the court passed any interim or final order? If yes, please provide copies of the same. _____

v. Also provide copies of all the documents that have been submitted to the Court either by you or the Claimants, and copies of all the documents. _____

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7. PERSONAL ACCIDENT

i. Name and address of the person who has been injured. _____

ii. Date & time of injury / death

D	D	M	M	Y	Y	Y	Y
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H	H	M	M	A	M	P	M
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iii. Place of injury / death _____

Details of the accident _____

Was such person a legal audience or was an employee. _____

Where were such persons at the time of injury. _____

Whether reported to Police. _____

If yes then name and address of Police Station. _____

Was the injured / deceased person moved to hospital immediately after the accident?
If yes, Name & address of the hospital _____

Has the accident resulted into loss of hand/s or foot/feet or eye/s or permanent disability of any other type which may prevent the insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever? If yes, please give details _____

Give details of the incident leading to such injury. _____

Were any attempts made to avoid such accident. If yes, then give details. _____

Any other information necessary for the processing of the claim. _____

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I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct and complete.
- 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.
- 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.
- 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.
- 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.
- 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

Direct Fund Transfer/EFT Mandate Form

A. Would you like to opt for Electronic Fund Transfer as mode of payment? ☐ Yes ☐ No

B. If yes, kindly provide the below mentioned details

- Payee Name (as per bank records)
- Payee Account No.
- Type of Account ☐ Savings ☐ Current ☐ Others (specify) _____
- Name of the Bank Branch Name
- Address of the Bank
- IFSC Code No. of the Bank:
- MICR Code No. of the Bank:
- Permanent Account Number (PAN) of Payee:

1. Please attach an Original Blank Cancelled Cheque signed by the Payee. ☐ Mandatory

2. Please attach a PAN Card copy of Payee ☐ Mandatory

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Terms and Conditions for Payments through RTGS / NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. ICICI Lombard General Insurance Company Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The date of notice for ICICI Lombard will be the date of receipt of such notice by ICICI Lombard. The notice of such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd, ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website www.icicilombard.com or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
12. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
13. I / We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.

Signature of the Account Holder

ICICI Lombard General Insurance Company Limited

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601 / 602, 6th Floor, Interface Building No. 26,
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