



CLAIM FORM FOR Extended Warranty Insurance

Notification of lost or stolen Asset

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

Office Address:	Cover Note / Policy : No
	Policy Period :
	Date of Loss :
	Claim Number :

Cover Period : From _____ To _____

Name of the Insured : _____

Address : _____

Contact number : _____

Email Address : _____

Date and Time of Loss : dd/mm/yy _____ hrs - min _____

Date and Time of Discovery : dd/mm/yy _____ hrs-min _____ Place
& address of loss : _____

Cause / Reason / Nature of loss: _____

Whether loss reported to Police? _____

If yes, time when the loss was reported to Police- _____



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
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*).

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):

.....
"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

I hereby agree, affirm and declare that:

- (a) The statements/information given/stated by me in this claim form are true, correct and complete.
- (b) The articles described belong to the person named and no other person having interest therein, whether as Owners, Mortgage, Trustee or otherwise.
- (c) The details of the person 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.
- (d) 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.
- (e) If I 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 shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- (f) I agree that in the event of this property being recovered to refund to the Company in full any amount that it may have advanced to me on account of said loss. It being understood that the Company has the option to pay the cost of restoring it to sound condition, if recovered in a damaged condition.



- (g) 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.
- (h) 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

Mailing Address: **ICICI Lombard General Insurance Company Limited**,
ICICI Lombard House 414, Veer Savarkar Marg, Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025
Visit us at: **www.icicilombard.com** • E-Mail Us at: **customersupport@icicilombard.com** •
Toll Free Number: **1800 2666** • CIN No. **L67200MH2000PLC129408**
IRDAI Regd. No. **115**