ICICI Lombard General Insurance Company Ltd.

Regd. Office: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhivinayak Temple, Prabhadevi, Mumbai, 400025

CLAIM FORM FOR HOME INSURANCE

Notification of Loss of Damage

(This issue of this form is not to be taken as an Admission of Liability)

Office Address :	Policy No. : Period of Insurance : Date of Accident : Claim Number :

Claim Under Section :

☐ 1. Fire - Building & Contents / Earth quake Building & Contents / Additional expenses of rent for alternative accommodation.

☐ 2. Burglary and/or theft.

Policy Period : From_____To _____

Name of the Insured : _____

Address : _____

_____

Contact Number : (R)_____

(M)_____

Date and Time of Loss : DD/MM/YY _____ hrs. min _____

Date and Time of Discovery : DD/MM/YY _____hrs. min _____

Cause/Reason/Nature of Loss : _____

Brief description incident :

Other insurance on same Loss : ☐ Yes ☐ No

If yes details _____

Previous losses under the policy :

Details of Witness :

1. Name _____ 2. Name _____

Address Address _____

ICICI Lombard General Insurance Company Ltd.

Additional information in case of claim under :

Section 1. Fire - Building and content / Earth Quake / Additional expenses of rent for alternative accommodation.

1	Whether the premises was occupied at the time of fire / loss ? Y/N, if No, Please provide the date from when it was vacant.	Reason Date Time Location fo removal :
2	Has the fire / loss been reported to fire brigade and Police ? Y/N, if no, give reasons.	FIR No.
3	State whether the property damaged, is Hypothecated / Lease / Hire purchase, If yes give details ?	Hypothecation Party Name : Period of such Hypothecation : Value of such loan :
4	Sate the total sum value/s of loss / damaged property on date of loss. (Description of individual property damaged in Annexure 1)	
5	State the value of Salvage, if any ?	
1	State the total value of the property insured upon the premises at the time of loss.	
2	Is case loss reported is due to Earthquake? If Y, then submit the evidence of it.	
3	Is the dwelling completely unfit for occupation after the occurrence of loss ? Y/N	
4	What is the amount of rent paid / received by the insured	
5	What is the additional rent to be paid by the insured as the consequence of loss	
6	What is the amount of loss of rent ?*	
7	What is the period of which property remained unfit for occupation	

8	Address of the premises at which loss occurred	

*Proof of tenancy is required

Additional information in case of claim under Section 1.

a) Whether any property removed as an immediate Concern for further loss if yes give details

_____

b) Occupation of the premises at the time of fire/loss

_____

c) Has the fire / loss been reported to fire brigade (If not give reasons)

_____

d) State whether the property so damaged _____

_____

e) If Hypothecated / Lease / Hire purchase if yes ve details_____

_____

f) what is the amount of rent paid /receipt by the insured _____

_____

g) What is the additional rent to be paid by the insured as the consequence of loss _____

_____

h) What is the period of which property remained unfit for occupation

_____

_____

I) Address where the loss can be inspected_____

_____

Note : Claim under "Rent for alternative Accommodation" is admissible only if claim is registered and accepted on insured dwelling under Sector A1 of the policy and dwelling declared unfit for occupation.

Section 2 : Burglary and/or theft

1	Which portion of the premises affected by the entry/exit ?	
2	Has a complaint been lodged with the police? If so, by whom and when and at which police station ?	
3	Were the premises occupied at the time of\loss ? a) If not, on what date and at what hour were they last occupied ? b) For how long have the premises been unoccupied ?	

4	Is anybody suspected of theft ? If so, state full details.	
5	Is the insured the sole owner of a) the property lost or damaged ? b) if no, the property belongs to whom ? c) Is the insured responsible for repairs to the premises ?	
6	State the total value of property upon the premises at the time of loss Value and description of contents lost, to be given in the annex 1.	
7	Any other relevant information	

DECLARATION

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 articles are properly described belong to the person named and no other person having interest therein, whether as Owners, Mortgage, Trustee or otherwise.

c) 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.

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/We have given/made any false or fraudulent statement / information, or suppressed / 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 there under in respect of any or all claims, present or future.

f) I agree that in the event of this property being recovered to refund to the Company n 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 and 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 consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place :

Date : _____

_____

Signature of Insured

ICICI Lombard
Nibhaye Vaade

ICICI Lombard General Insurance Company Ltd.

Direct Fund Transfer/EFT Mandate Form

A) Would you like to opt for Electronic Fund Transfer as mode of payment ? A) Yes ☐ B) 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** ☐

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.

UIN: IRDAN115P0003V01200203

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