

CLAIM FORM MACHINERY LOSS OF PROFIT INSURANCE

For Official Use Only

Intermediary Name
Intermediary Code

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.
 2. Please leave one box blank between two words while writing the ADDRESS.
 3. Kindly leave the Company's Office or Intermediary for any doubts or clarifications on the claim form.
- PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Claim No Policy No/Cover Note No
Period of Insurance From To Customer ID

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title* (Pls. Tick) ☐ Ms. ☐ Mrs. ☐ Mr.
Name*
Correspondence Address
Block/Flat No.* Floor No. Building Name*
Street Name* Locality Landmark*
City/Village* Pincode* Post Office
Mobile No.* Landline*
Fax No.
Email ID 1
Email ID 2

BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder
(as appearing in the Bank Account)
Bank Name Branch
Location
Account No Account Type
MICR Code IFSC Code

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;".

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: IRDAN115RP0016V01200607 (Retail)
CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

CLAIM FORM MACHINERY LOSS OF PROFIT INSURANCE
Alternate No : 86552 22666 (Chargeable)
Website : www.icicilombard.com
E-mail : customersupport@icicilombard.com

Date & Time of Occurrence From

Description of Occurrence

Full Details of the Machinery which Broke down and its Sr. No as mentioned in Policy Annexure:

Cause of Machinery Breakdown

Nature and Extent of the Machinery Loss

Estimate of Loss due to Machinery Breakdown

Whether the Material Damage Policy is with us?	Yes	No

If no,

i. Please provide the details of Material Damage Policy if purchased from some other insurer:

ii. Whether the Material Damage claim for the reported incident is admitted by the Insurance Company?	Yes	No
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If yes,

Please provide the confirmation in writing to that effect from that insurer:

Whether any alterations have been made in the nature of business/occupation of the premise post inception of the policy?

Yes	No
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(If yes, provide the details)

Period for which the insured business was interrupted due to reported breakdown

Annual Turnover in the Preceding Financial Year

Estimated reduction in Turnover/Output post Loss

Estimated reduction in Gross Profit post Loss

[illegible][illegible]

Statement of Claim: (Kindly attach separate statement if space provided is not sufficient)

Details of Previous Losses, (if any) _____

Do you wish to provide any additional information with respect to the claim? _____

Give details of the insurances covering the same incident, if any

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect; and I/We agree that if

I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

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 Proposer's

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
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