

CLAIM FORM PRODUCT LIABILITY INSURANCE POLICY

Please note that the Insured shall, as a condition precedent to the Insurer's liability under the policy for Loss on account of a Claim, give to the Insurer such information and cooperation as the Insurer may reasonably require, including but not limited to the indicative information asked in this form. Each Insured agrees not to settle or offer to settle any Claim, incur any Defence Costs or Legal Representation Expenses or otherwise assume any contractual obligation or admit any liability with respect to any Claim without the Insurers' prior written consent. Please note that the intimation is without prejudice, and the insurer's rights are reserved.

Policy Number:

Policy Details

1	Type of Cover:	
2	Policy period	
3	From	
4	To	
5	Retroactive Date	
6	Limit (sum Insured)	
7	Deductible	
8	Date of Occurrence of Circumstances leading to loss	

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 Claim	
10	Jurisdiction affected	
11	The nature of the alleged bodily Injury and/or property damage	
12	The date it was committed,	
13	The nature of the alleged damage,	
14	The names of the claimants	
15	Defendants	
16	The manner in which the Insured first became aware of the Claim	

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: IRDAN115RP0007V01200203 (Retail)

CIN : L67200MH2000PLC129408

Registered Office Address:

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

CLAIM FORM PRODUCT LIABILITY INSURANCE POLICY

Toll free no : 1800 2666

Alternate no : 8655222666 (Chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

CIN : L67200MH2000PLC129408

Place:

Authorised Signatory