



Estimated amount of claim:

Chain of Events (in chronological date wise)

Please attach separate pages if required

Status of proceedings as on date: / /

#### Please attach along with this Claim Intimation Form

1. Copy of the legal notice/written intimation received by the Insured
2. Any legal opinion considered by the Insured
3. Copy of the complete correspondence till date.

#### Declaration by the Insured

I hereby declare and warrant that to the best of my knowledge and belief the information furnished in this Claim Intimation Form is true, correct and complete and that I have not withheld any information material to this Claim Intimation Form. If I have made any untrue and/or false statement, suppressed or concealed any material fact with respect to the questions/ information sought by the Insurer in the Claim Intimation Form, my right to claim any loss under the Policy shall be forfeited. I also consent and authorize the Insurer to seek necessary information/documents from any third party who has made the claim against the Insured.

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.

For and on Behalf of

Place :

Date : / /

Authorised Signatory

IRDA Reg. No. 115

Mailing Address:

601 / 602, 6th Floor, Interface Building No. 16,  
New Link Road, Malad (West),  
Mumbai - 400 064.

#### ICICI Lombard General Insurance Company Limited

CIN : L67200MH2000PLC129408

Registered Office Address:

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

CLAIM FORM PRODUCT RECALL GUARANTEE AND FINANCIAL LOSS LIABILITY INSURANCE

Toll free no : 1800 2666

Alternate no : 8655222666 (Chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

UIN : IRDAN115CP0061V01201920 (Commercial)

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CIN : L67200MH2000PLC129408