



UIN: IRDAN115CP0044V02201920

CLAIM FORM

(Issuance of this claim form is not to be taken as an admission of liability)

PART -I:

A. Details of Insured

Policy No.:

Policy Period: From: To:

Name of the Policyholder:

B. Details of Contract holder: (To be furnished in an excel sheet)

Unique Identification no of the Contract:

Contract Period: From: To:

Name:

Gender: Male ☒ Female ☐ Other ☐

Contact Details: Mob. / Res. No.

Email Id:

PART II: Details of Claim: (To be furnished in an excel sheet)

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

Loss Location :

Cause / Reason / Nature of loss:

Whether loss reported to Police?



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

Have you filed an FIR? If yes, please attach a copy

Additional Claims Details where applicable:

Manufacturer / Make : _____

Model : _____

Unique Identification Number of Product/Property: _____

Detailed description of the incident:

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;"

Claim Procedure:

Claim Documents:

- i. Vouchers or purchase bill, where applicable
- ii. Any document evidencing the loss event.
- iii. Copy of First Information Received/ Daily Dairy Report (for lost/ stolen cases)



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- iv. Any other document as may be reasonably required by Company or its representative to investigate the claim or Company's obligation to make payment for it

NEFT Details

Please provide any one of the below documents of the claimant or Insured stated in the Policy Certificate:

- Self-attested copy of a valid Identity proof of the claimant/Insured's
- Cancelled cheque copy ,Bank attested copy of Passbook with IFSC code - For Refunds

,Copy of Passbook with IFSC Code, Account Number, Bank Logo and Account holder Name if cancelled cheque does not contain accountholder name **Please provide below details (All fields are mandatory)**

- Claimant /Insured name(as per bank records:

- Claimant /Insured bank account no.:

- Name of the bank:

- Branch name:

- Address of the bank:

- IFSC code no. of the bank: (should be same as per the provided cheque leaflet)

*Nominee's bank account details are required in case of a death claim.

Terms and Conditions for payments through RTGS/NEFT

1. The details provided by the claimant / Insured 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 claimant / Insured 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.



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3. The claimant / Insured agrees that under the RTGS/ NEFT facility, there may be a risk of nonpayment in the claimant / Insured bank account 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 claimant / Insured 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 claimant/ Insured 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 notice of, such termination should be given to ICICI Lombard General Insurance Company Ltd. only at its corporate address and be addressed at "ICICI Lombard GIC Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025."
6. A confirmation of the receipt of termination notice given by the claimant/ Insured will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the claimant/ Insured construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard General Insurance Company Ltd. to the claimant/ Insured stating the date of receipt of such communication by the claimant/ Insured.
7. The claimant/ Insured agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the claimant/ Insured's bank, shall be borne by the claimant/ Insured only
8. ICICI Lombard General Insurance Company Ltd. has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour 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 claimant/ Insured 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 ICICI Lombard General Insurance Company Ltd..
10. Notices under these Terms and Conditions may be given in writing by delivering them by hand, or e-mail, or displaying them on ICICI Lombard General Insurance Company Ltd. Website "www.icicilombard.com", or by sending them by post to the last address of the claimant/ Insured.



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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.

Claimant/Insured Declaration:

1. I/we 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 my/our knowledge through any other source.
2. 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 claimant/ Insured.
3. I hereby agree, affirm and declare that:
 - a) The statements/Information stated by me/us in the claim form are true, correct and complete.
 - b) No material information which is relevant to the processing of claim on which in any matter has been withheld or not disclosed.
 - c) I authorise ICICI Lombard General Insurance Company Ltd. to collect on my behalf any medical information from concerned Hospital authorities such as indoor case papers, viscera reports, investigation reports etc, or any other information such as FIR/ death certificate etc from any other institutions relevant to this claim.
 - d) If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in manner failed to disclose material information, the policy shall be void and that I shall not be entitled to all/any rights to recover thereunder in respect of any or all claims past, present or future.
 - e) The receipt of this claim form/ other supporting/ related document does not constitute or be deemed to constitute an agreement by ICICI Lombard General Insurance Company Ltd. of the claim and ICICI Lombard General Insurance Company Ltd. reserves the rights to process or reject or require further/additional information in respect of any claim.
 - f) The policy shall become void at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particularly in the claim form/personal statement, declaration and connected documents, or any material information or having been withheld by the Insured or any one acting on his behalf. I accept the Terms and Conditions stated herein.



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- g) 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.

Date:

Signature/OTP_____

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 •

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