

CLAIMS FORM FOR SMART WALLET SECURE POLICY

IMPORTANT NOTE

Issuance of this form not to be taken as an admission of liability. Please fill this form in Block Letters and Tick the Boxes where appropriate and do not leave any column unanswered

Part-I
Policy Number

1.	DETAILS OF INSURED	
a.	Name of Insured	
b.	Address of the Insured	
c.	Profession or Occupation	
d.	Mobile Number and E-mail Address	

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;".

2.	General Claim Details	
a.	Date and Time of Loss/ Accident	
b.	Date when Loss was discovered	
c.	Place of Loss/ Accident	
d.	Description of the Accident	
e.	Amount of Loss	
f.	Was the Loss Reported to Police If Yes, provide copy of police complaint	
g.	Additional Details in case of claim under 'Lost card Liability	Card Number Name of the Bank Was the card Stolen or Lost Date of Intimation to Card Insurer
h.	Additional Details in case of claim under 'Personal Liability Particulars of consequences of the accident:	
i.	Has any person sustained any injuries in the accident. If so,	
a.	Give name/s, address/s and occupation/s of such person/s	
b.	State where such person was at the time of accident	

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: IRDAN115RP0024V01202122 (Retail)
CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, P. Balu Marg, Off Veer
Savarkar Road, Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025.

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Alternate no : 86552 22666 (Chargeable)
Website : www.icicilombard.com
E-mail : customersupport@icicilombard.com

c.	Have the injured persons been removed to hospital or medically attended? If so, give particulars.																	
d.	Has any claim been made upon you by any person, if so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted).																	
3.	Previous Loss History (if any)																	
a.	Was there any such similar incident reported earlier																	
b.	If yes, what action you had taken																	
c.	Brief Description of the incident <table border="1"> <thead> <tr> <th>Sr no.</th> <th>Name of the Insurance Company</th> <th>Policy Number</th> <th>Period of Insurance</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Sr no.	Name of the Insurance Company	Policy Number	Period of Insurance												
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4.	Details of Other insurance covering same risk																	

Claim Clause/ Settlement of Claim:

- 1) Claim Intimation: Connect with us via: Toll-free no.: 1800 2666, Email ID: customersupport@icicilombard.com, on our website: <https://coclaims.icicilombard.com/claimstracker/CommercialClaims/ccplandingpage.aspx> Register the claim and submit claim related documents along with claim form. You will receive a claim reference number as your reference point for future correspondence.
- 2) File an FIR: In case of third-party property damage/bodily injury, fire etc. if applicable as per policy terms and conditions.
- 3) Surveyor Appointment: Your Claims Manager (CSM) will contact you and appoint a licensed surveyor basis claim eligibility within 24 hours of reporting the claim
- 4) Documents: submit documents to the assigned CSM/Surveyor.
List of documents which are necessary and relevant to the claim are as below:
 1. Claim bill / Claim Form duly filled up
 2. Photographs / Video of damaged property/item under claim
 3. Document/s in support of admissibility of the claim, for instance, Service Engineer's Report, Fire Brigade Report, etc.
 4. FIR / Final Police investigation report wherever applicable
 5. For items which are to be repaired or reinstated, repair/ replacement quotation, invoice and payment proofs for each and every item as claimed.
 6. For items which are under claim & not to be repaired or reinstated, documents substantiating the quantum & value of the items under claim
 7. Offer for retention of salvage, if any
 8. KYC / NEFT Details as per AML guidelines
 9. Invoice copy / Goods Receipt Note / Monetary Claim on carrier / Damage Certificate
 10. Any other document which may be specified by the surveyor post completion of initial survey
- 5) Assessment Approval: Repair/Replacement details submitted in support of the claim will be assessed and approved by CSM/surveyor
- 6) Salvage: The amount that is assessed which the damaged asset will fetch in the open market (wherever applicable).
- 7) Turnaround Time (TAT): Assessment sheet /Survey report will be furnished within 15 days of receipt of claim form and documents. Claim will be decided within 7 days of receipt of the assessment sheet / survey report (This condition will not apply in case of policies issued on the property/building on reinstatement value basis).

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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 D | D | M | M | Y | Y | Y | Y

Address

Signature of the Insured/ Claimant

(in case of Personal Accident Claim)

[illegible]

1. Nature and cause of Accident
2. If to eye or limb, state left or right.
3. Whether to appearance of the injuries are consistent with the account given of the accident.
4. Date on which you first attended claimant for the injury
5. Has claimant been totally prevented from attending to any portion of his/her business/occupation/normal duties? If so for how long?
6. Is claimant suffering from any disease or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If so, give particulars.
7. Was injured/ deceased under the influence of intoxication/ drugs at the time of accident? If yes, please provide details of diagnosis done and alcohol content
8. Present condition of the patient
9. How long from the happening of the accident do you consider?
 - a. Total disablement will last
 - b. Partial disablement will last

Signature:

[illegible]

Qualification	Registration Number
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