

Travel Assure-Group Overseas Travel Insurance Claim Form

Guidelines for completion of the Claims form

1. Claims Form consists of two parts - Information Sheet and Coverage
2. Please fill the Information Sheet along with the relevant annexure as per the desired coverage.
3. Please take the print out of only the relevant annexure

INFORMATION SHEET

INSURED DETAILS

Policy No.:

Policy Start Date: / / Policy End Date: / /

Full Name:

Date of Birth: / / Sex: ☐ Male ☐ Female ☐ Others

Current Address:

Address in Country of Residence:

Phone No. Overseas: Phone No. India:

Mobile No.: Email ID:

Passport No.: Claims Ref No.: (As provided)

Every claim has to be accompanied with original ticket/ boarding pass or copy of the passport indicating the travel dates.

Are you or any of the proposed applicants/beneficial owner a PEP* or a Family member/ Close relatives/Associates of PEPs? ☐ Yes ☐ No

If yes, explain nature of relationship and position held by PEP:

*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

CLAIMANT INFORMATION (If different than "Insured Information" above)

Full Name:

Relationship with the Policyholder:

Phone No. (Off): Phone No. (Res):

Email ID:

In what capacity are you making this claim?

Terms and conditions

1. The Insured shall ensure that the Insured has received, read and understood the terms and conditions as contained in Part I and II of the Policy. If the Insured has not received Part I and Part II of the Policy, please email at customersupport@icicilombard.com.
2. In the event of an Accident or sudden Illness or occurrence of any other contingency covered under the Policy, the Insured shall immediately contact the Help Line number and register his/her claim furnishing the necessary details.
3. Failure of immediate intimation to the helpline may result in the Insured's claim being prejudiced and in no case being admitted for more than 75% of the claim. No expenses however beyond a limit of US\$ 1000 shall be incurred by the Insured without prior approval from the Company.
4. This condition shall be applicable even in cases where the Insured would like to pursue his claim only on his return to his place of residence in spite of his meeting with the contingency covered herein whilst abroad.
5. Please note, Deductible amount as mentioned in Policy Schedule must be borne by you.
6. Issuance of the claims form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
7. No claim under Accident & Medical Section will be admitted without Doctor's Report as per format.
8. For all expense related to indemnity claims, original bills & receipts would be required. Even after digital submission and settlement please retain the original documents as these may be called in on a need to basis by insurance company
9. Please attach and submit all the relevant documents requested at the time of claim submission for processing of your claim. For digital claims – please scan and upload the original documents embossed on top left corner "For ICICILombard Use Only".

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.

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off Veer Savarkar Road,
Nr Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025.

Travel Assure-Group Overseas Travel Insurance Claim Form

Toll free No. : 1800 2666

Alternate No.: 86552 22666 (Chargeable)

Website: www.icicilombard.com

E-mail: customersupport@icicilombard.com

DECLARATION

I/We hereby agree, affirm and declare that:

1. The statements/information given/ stated by me/ us in this claim form are true, correct and complete.
2. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/ similar claim) has been made or lodged with any other insurance company.
3. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
4. If I/ We have given/ made any false or fraudulent statement/ information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/ We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
5. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and documents in respect of the claim.
6. I do hereby authorize International Subrogation Management (ISM) to inquire and obtain any information regarding my accident. Further, ICICI Lombard is hereby authorized to release any and all information, including copies of pertinent documents, which ISM may deem necessary in order to satisfy their inquiry. If during the investigation, ISM has identified a potential recovery source, allowing the Plan Participant's employer to recover paid benefits, ISM is authorized to release any all records they deem necessary in order to pursue the recovery. The company can, while assessing the claim, call for the additional documents which the Company deems fit for assessment of the claim.
7. "I hereby give my consent to the Company to verify my identity through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC"

Dated: / /

Place: _____

Claimant's/ Insured's Signature

AUTHORIZATION BY INSURED/ ON BEHALF OF THE INSURED

1. I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the Insured to release any information requested regarding this claim and the loss reported.
2. I understand ICICI Lombard General Insurance Company Ltd, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim, will use this information.
3. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original.
4. I agree that this authorization shall be valid for the duration of this claim. I also authorize Assistance Service Provider, on behalf of ICICI Lombard General Insurance Company Limited, to obtain any medical records or information to process this claim.
5. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNED (Claimant or authorized person)

Relationship with the InsuredDated: / /

Place: _____

Insured's Signature**ICICI Lombard General Insurance Company Limited**

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Travel Assure-Group Overseas Travel Insurance Claim Form**Toll free No. :** 1800 2666**Alternate No.:** 86552 22666 (Chargeable)**Website:** www.icicilombard.com**E-mail:** customersupport@icicilombard.com

S.No.	Cover Name	Sum Insured	Deductible/Copay/ Special condition
1	Emergency Medical expenses		
	The following covers are available as extensions under the Emergency Medical Expenses section		
i	Inpatient Emergency medical expenses for injuries during inter-collegiate sports		
ii	Outpatient Physiotherapy related to disease/illness/injury		
iii	Cancer screening and mammography examinations		
iv	Chiropractic Treatment related to disease/ illness/ injury requiring outpatient/inpatient care		
v	Skilled nursing facility related to disease/illness/injury requiring outpatient Care		
vi	Adventure sports expenses due to injury		
vii	Sexually transmitted disease		
viii	Drug and Alcohol abuse		
ix	In-patient medical expenses related to pregnancy/childbirth (after a waiting period of 10 months)		
2	Emergency Medical Evacuation		
3	Repatriation of Mortal Remains		
4	Dental Treatment expenses		
5	Political Risk and Catastrophe Evacuation		
6	Personal Accident- Accidental Death		
7	Permanent Total Disability (PTD)		
8	Permanent Partial Disability(PPD)		
9	Accidental Death—Common Carrier		
10	Permanent Total Disability—Common Carrier		
11	Permanent Partial Disability - Common carrier		
12	Daily Allowance in case of Hospitalization		
13	Compassionate Visit		
14	Loss of Passport and documents		
15	Total loss of checked-in baggage		
16	Delay of checked-in baggage		
17	Trip Delay		
18	Trip Cancellation and Interruption		
19	Travel Inconvenience Cover		
20	Financial Emergency Assistance		
21	Hijack Distress Allowance		
22	Bail Bond		
23	Loss of Gadgets		
24	Loss of International driving License		
25	Mugging benefits		
26	Missed Connection		
27	Loss of Deposit or cancellation - Hotel and Airline		
28	Overbooked -Common Carrier		

S.No.	Cover Name	Sum Insured	Deductible/Copay/ Special condition
29	Legal expenses		
30	Pet Care (in INR)		
31	Emergency accommodation		
32	Child Escort		
33	Overseas Travel Service Supplier Insolvency		
34	Cruise Cover		
35	Bounced Hotel booking		
36	Visa Refusal		
37	Flight Delay(Airlines)		
38	Personal Liability		
39	Golf Equipment Insurance		
40	Debit / Credit Card / FOREX CARD- Fraud		
41	Study Interruption		
42	Sponsor Protection		
43	Home Country Cover		
44	University Excess Medical Cover		
45	University Insolvency		
46	Missed or Delay Event		
47	Home Fire Insurance – Contents (in INR)		
48	Home Burglary Insurance – Contents (in INR)		
49	Alternate Employee Expenses / Substitute employee		
50	Travel Loan Secure (in INR)		
51	Car Rental Excess Insurance		

Part - C- EFT (For Direct Fund Transfer/ Electronic Fund Transfer)

ALL CLAIM SETTLEMENTS SHOULD BE MADE THROUGH NEFT (AS PER IRDA CIRCULAR), PLEASE PROVIDE YOUR BANK ACCOUNT DETAILS.

CLAIM DETAILS

Patient's Name: _____

(in respect of whom claim is made):

Policy Number: _____

Card No./ UHID No.: _____

Claim Number (if allotted): _____ Mobile/ Contact No.: _____

As per IRDA Circular No.: IRDA/F&A/CIR/GLD/056/02/2014, Proposer's/ policy holder's bank account details are mandatory to process the claim through EFT.

Please provide ANY ONE of the below documents of proposer/ policy holder-

- ☐ Please provide a self-attested copy of a valid Identity proof of the Proposer/Policy holder (provide any of the mentioned documents in Proof of Identity under Part-D)
- ☐ Cancelled cheque copy
- ☐ Bank attested copy of Passbook with IFSC code

BANK DETAILS

Please provide the below details (all fields are compulsory)

- Proposer/ policy holder name*(as per bank records): _____
- Proposer/ policy holder 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)

* Proposer/ policy holder is the person who has paid premium for the policy. All the above details and document(s) should be of Proposer/ policy holder only.

Terms and Conditions for Payments through RTGS/ NEFT

- The details provided by the Proposers/ policy holder 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.
- The RTGS/ NEFT facility shall be effective for the respective Proposer(s)/ policy holder 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.
- The Proposer/ policy holder agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Proposer/ policy holder Accounts No. 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.
- The Proposer/ policy holder 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.
- 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 Proposer/ policy holder 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 only at its corporate address and be addressed at ICICI Lombard GIC Ltd., ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025.

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Terms and Conditions for Payments through RTGS/ NEFT (cont..)

6. A confirmation of the receipt of termination notice given by the Proposer/ policy holder will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Proposer/ policy holder construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Proposer/ policy holder stating the date of receipt of such communication by the Proposer/ policy holder.
7. The Proposer/ policy holder agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Proposer's/ policy holder's bank, shall be borne by the Proposer/ policy holder only.
8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor 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 Proposer/ policy holder 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 the company.
10. Notices under these Terms and Conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website www.icicilombard.com or by sending them by post to the last address of the Proposer/ policy holder.
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.
12. I/We further 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 the knowledge of the Proposer/ policy holder through any other source.
13. 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 Proposer/ policy holder.

Account holder's Signature

Part - D (Know Your Customer) KYC

KYC is required only for Individual/ Retail policy holders if the total claimed amount exceeds ₹ 100,000.

Patient's Name:

(in respect of whom claim is made):

Policy Number:

Card No./ UHID No.:

Claim Number (if allotted): Mobile/ Contact No.:

The below KYC documents are mandatory as per AML guidelines by IRDA

1. ☐ Two passport size photos of Proposer (stick in the space provided below)
2. ☐ One photocopy of proof of identity of Proposer (any 1 in the below list)
3. ☐ One photocopy of proof of residence of Proposer (any 1 in the below list)

(Any one of below mentioned documents required)	(Any one of below mentioned documents required)
☐ Passport	☐ Electricity bill
☐ PAN card	☐ Ration card
☐ Voter's Identity card	☐ Letter from any recognized public authority
☐ Driving license	☐ Current statement of bank account with details of permanent/ present residence address (as downloaded)
☐ Personal identification and certification of the employees of the insurer for identity of the prospective policyholder	☐ Current passbook with details of permanent/present residence address (updated upto the previous month)
☐ Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number.	☐ Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof.
☐ Job card issued by NREGA duly signed by an officer of the State Government	☐ Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract
☐ Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(C) of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer	☐ Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

Proofs of (both) Identity and Residence

☐ Passport
☐ Written confirmation from the banks where the prospect is a customer, regarding identification and proof of residence.
☐ Current passbook with details of present/ permanent residence address (updated to the previous month)
☐ Current statement of Bank account with details of present/ permanent residence address (as downloaded)

Stick Proposer's Photographs

Stick
Proposer's
Photograph

Stick
Proposer's
Photograph

Claimant's Signature

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