

VEHICLE BUY BACK INSURANCE POLICY - CLAIM FORM

Important Note: Issuance of this form is not to be taken as an admission of liability.

To prefer a claim under Vehicle Buy Back Insurance, insured shall not sell the vehicle without prior consent from insurer.

Please fill this form in block letters and tick the boxes where appropriate. Do not leave any field unanswered.

Policy No.
 Claim No.
 Vehicle No. Chassis No.
 Engine No.
 Make Model
 Mileage completed since new (in Kms) /Running Hours Date of Registration
 Hypothecation details, if any

DETAIL OF INSURED

Insured/Claimant Name
 Address

 Pin Code
 City State
 Contact No. Mobile No.
 Office No. Residence No.
 Email ID

INCIDENT DETAILS

Incident occurred on
 Place of Incident
 Description of Incident
 Estimated Cost of Claim
 Do you wish to provide any other information? ☐ Yes ☐ No
 If yes, Details (If required you may please attach a separate sheet)

Please enclose legible copies of the following documents, duly attested by insured

1. Claim Form duly completed and signed
2. Mandate Form / NEFT of Insured account or Financier, if hypothecated
3. Claim Details along with resale value quotes / valuation report obtained by the Insured, if any
4. Regular service and maintenance history records
5. Current reading of Speedometer/Odometer/Hour meter
6. Financier Statement, if hypothecated

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: IRDAN115RPMT0015V01202526
 CIN: L67200MH2000PLC129408
 Registered Office Address:
 ICICI Lombard House, 414, P Balu Marg, Off Veer
 Savarkar Road, Near Siddhi Vinayak Temple,
 Prabhadevi, Mumbai - 400025.

VEHICLE BUY BACK INSURANCE POLICY
 Toll Free No.: 1800 2666
 Alternate No.: 86552 22666 (Chargeable)
 Website: www.icicilombard.com
 E-mail: customersupport@icicilombard.com

7. NOC / No Dues Certificate from Financier, if hypothecated
8. Original Sale Documents / Final Transfer set
9. Copies of all vehicle documents along with Originals for Verification
10. Original keys / accessories as supplied by OEM
11. Any other documents or Information as may be required by the company

DETAILS OR ROUTINE MAINTENANCE SERVICING

Provide details of the routine maintenance servicing / repair that have been conducted _____

DIRECT FUND TRANSFER/NEFT MANDATE FORM. PLEASE ENCLOSE A CANCELLED CHEQUE LEAF ALONG WITH THE CLAIM FORM (MANDATORY)

Bank Name _____ Bank Name & Code _____
 State _____ IFSC Code _____
 Payee Account No. _____ MICR Code _____
 Name of Payee _____
 UPI Address _____

DECLARATION

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form is true, correct and complete.
- b. The details of all persons having an interest in the asset 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.
- c. 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.
- d. 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 there under in respect of any or all claims, past, present or future.
- e. 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 in respect of the claim.
- f. 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.

Place: _____

Date D D M M Y Y Y Y

Signature of Insured

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: IRDAN115RPMT0015V01202526
 CIN: L67200MH2000PLC129408
 Registered Office Address:
 ICICI Lombard House, 414, P Balu Marg, Off Veer
 Savarkar Road, Near Siddhi Vinayak Temple,
 Prabhadevi, Mumbai - 400025.

VEHICLE BUY BACK INSURANCE POLICY
 Toll Free No.: 1800 2666
 Alternate No.: 86552 22666 (Chargeable)
 Website: www.icicilombard.com
 E-mail: customersupport@icicilombard.com