

CLAIM FORM - WOMEN'S CANCER SHIELD

Issuance of this claim form is not to be taken as admissibility of liability

You can lodge a claim with us by any of the below means:

1. Website: www.icicilombard.com
2. Toll free no: 18002666
3. Email: ihealthcare@icicilombard.com

PART I

This part of the application form is to be filled in **CAPITAL LETTERS** by the Claimant.

Please answer all questions fully and correctly. Where any question does not apply, please mention clearly the question is not applicable.

A. Insurance details:

Policy no:

Name of the proposer:

Name of the insured person:

Date of birth of the insured person:

Gender of insured person: Male ☐ Female ☐

Aadhaar card no. of the insured person: [][][][][][][][][][] Only last 4 digits to be entered.

B. Claimant details:

Name of the claimant:

[illegible]

Aadhaar card no. of the claimant: [][][][][][][][][][][][] Only last 4 digits to be entered.

(Please ignore if insured is claimant)

C. Claim communication details:

Address for communication:

Address for communication: _____

Mobile no: □□□□□□□□ Res. No: □□□□□□□□

Email id:

Do you have any other insurance product with us or any other insurer wherein you have made a claim for the same illness? If yes, please specify:

Name of the insurer	Policy/ Product name	Policy No.	Policy period	Sum insured

D. Loan details (To be filled if the policy is linked to an underlying loan)

Name of the financial institution:

[illegible]EMI amount:

E. Other financial instrument details:

Is Policy assigned: Yes ☐ No ☐

If Yes, please name the Financial institution:

Folio No. in case of SIP:

SIP amount:

Claim no:

(If claim has already been registered with ICICI Lombard Health Care)

Description of loss:

	Loss description	Please tick against the benefit being claimed for
1	Breast cancer	
2	Cervical cancer	
Other women specific cancer		
3	Ovarian cancer	
4	Fallopian cancer	
5	Vaginal cancer	
6	Cancer of Vulva	
7	Uterine/ endometrial cancer	
8	Thyroid cancer	

Date when illness was first diagnosed: Name of treating medical practitioner: Did the insured survive the illness: Yes ☐ No ☐

PART III- Hospital details (if applicable)

Details	Hospital 1	Hospital 2	Hospital 3
Name of the hospital			
Address of the hospital			
Name of treating medical practitioner			
Particulars of treatment	Medical ☐ Surgical ☐	Medical ☐ Surgical ☐	Medical ☐ Surgical ☐
Date of admission			
Time of admission	__:__ am/pm	__:__ am/ pm	__:__ am/pm
Signature of hospital authority			

PART IV- NEFT details

Please provide any one of the below documents of the Insured person/ claimant whose name has been explicitly mentioned on the policy certificate:

- Self-attested copy of a valid Identity proof of the claimant/Insured Person's (provide any of the mentioned documents in Proof of Identity under Part-V)
- 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

Claimant/ Insured person's name (as per bank records): Claimant/ Insured bank account no: Name of the bank: Branch name: Address of bank: IFSC code (as mentioned on the cheque leaflet):

Nominee's bank account details are required in case of death of the insured.

Terms and conditions for payments through RTGS/ NEFT

1. The details provided by the claimant / Insured Person in the Mandate Form provided by us 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 Person 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.
3. The claimant / Insured Person agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the claimant / Insured Person 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 Person 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 Person 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 (Old Tata Press Building), 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 Person will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the claimant/ Insured Person construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard General Insurance Company Ltd. to the claimant/ Insured Person stating the date of receipt of such communication by the claimant/ Insured Person.
7. The claimant/ Insured Person agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the claimant/ Insured Person's bank, shall be borne by the claimant/ Insured Person 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 Person 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 Person.
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 Person Declaration:

12. 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.
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 claimant/ Insured Person.

Place: □□□□□□□□

Date: □□□□□□□□

Signature _____

IRDAI Regn. No.: 115

CIN: L67200MH20000PLC129408

UIN: ICIHLP21537V012021

PART V- KYC (Know your customer)

Claimant/Insured Person's Name: (in respect of whom claim is made)

Policy Number:

Claim Number (if allotted):

Mobile/ Contact No.:

PAN No.:

The below KYC documents are mandatory as per our internal guidelines and AML guidelines issued by IRDAI:

- Two passport size photos of Insured Person/claimant (stick in the space provided below)
- One photocopy of proof of identity of Insured Person/claimant (any 1 in the below list)
 - Passport
 - PAN card
 - Voter's Identity card
 - Driving license
 - Personal identification and certification of the employees of the insurer for identity of the prospective Policyholder
 - Job card issued by NREGA duly signed by an officer of the State Government
 - 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
- One photocopy of proof of residence of insured person/ claimant (any one of the below list)
 - Electricity bill
 - Ration card
 - Letter from any recognized public authority
 - Current statement of bank account with details of permanent/ present residence address (as downloaded)
 - Current passbook with details of permanent/present residence address (updated upto the previous month)
 - Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof.
 - 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
 - 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)

Claimant/Insured Person Declaration:

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.

Consent letter

To Whomsoever It May Concern

Subject: Consent for Collection of Medical Records

Proposal No. / Policy No.: <PolicyNo. / Proposal No.>

I / We, the undersigned, hereby authorise ICICI Lombard General Insurance Company Ltd. to collect all relevant documents and medical records related to hospitalisation or medical treatment of Insured Person(s) covered under the above-mentioned policy from the Hospital or Medical Practitioner.

I/We have no objection to sharing my/our hospitalization documents with ICICI Lombard for the purpose of processing claims under the policy.

Please note: In case any original hospitalization or day-care treatment-related documents were collected by you at the time of discharge but were not submitted during the claim process, kindly ensure their submission to enable us to process the claim as per the policy terms and conditions.

Additionally, please send us a self-attested copy of a valid government-issued identity proof of the Claimant/Insured along with this consent letter.

Thank you for your assistance and cooperation.

Sincerely,
Team ICICI Lombard.

Name of the Insured

Claimant / Insured Signature