ICICI Lombard
Nibhaye Vaade

FREE LOOK CANCELLATION REQUEST FORM

Date: D D M M Y Y Y Y **Please Note:** Free look option is not available in case of renewal

POLICY & POLICY HOLDER'S DETAILS

Proposer's Name:
Policy No.:
Policy Start Date: D D M M Y Y Y Y Policy Receipt Date: D D M M Y Y Y Y
Correspondence Address:
City:
State: Pin code:
Landline No. (with STD code): Mobile No.:
E mail address:

REASON FOR FREE LOOK CANCELLATION

Not satisfied with policy Terms & Conditions ☐
Want to opt for different health plan of ICICI Lombard GIC ☐
Policy features are different from what was communicated ☐
Others (Please specify): ☐

Please tick on the channel through which you bought the policy): Agent/ Online/ Others

DECLARATION

I hereby submit that I am the holder of an insurance policy with ICICI Lombard General Insurance Company Limited. I would like to voluntarily cancel and terminate this Policy. I understand that Freelook cancellation can be availed within 15 days of receipt of the policy document and payout under the policy shall be strictly in accordance with the policy terms and conditions.

I request you to please process the free look cancellation request of my policy and refund the premium after adjusting applicable charges (if any).

I do hereby declare and affirm that the details provided in this Form are correct and accurate.

I understand post processing the free look cancellation request for my policy; my Health cover under this policy along with other benefits as mentioned in policy contract will cease to exist.

I understand that ICICI Lombard General Insurance Company Ltd reserves the right to reject the free look request if the conditions as mentioned policy contract/document are not fulfilled.

Date: D D M M Y Y Y Y Place: Signature of Policy Holder

BANK DETAILS FOR NEFT

Proposer's Name (as per bank records):
Account No.: Name of the Bank:
Branch Name:
Address of the Bank:
Branch IFSC Code: Permanent Account Number of Insured/ Nominee (PAN):

(Please attach a blank cancelled cheque copy signed by the insured/nominee)

DISCLAIMER: ICICI Lombard General Insurance Company Limited shall not be held responsible in case the premium refund is not credited to your bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided by you in this Form. Further, credit will be effected based solely on the policyholder account number information provided by the policyholder and the policyholder name particulars will not be used thereof.

Date: D D M M Y Y Y Y Place: Signature of Policy Holder

DOCUMENTS SUBMITTED

☐ Policy Document ☐ Health Card ☐ Cancelled Cheque for Refund

ICICI Lombard
Nibhaye Vaade

Mailing Address: ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/ 402 4th Floor, New Link Road Malad (W), Mumbai - 400064.
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Visit us at **www.icicilombard.com** • Mail us at **customersupport@icicilombard.com** • Our toll free number is **1800 2666**

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