

CLAIM FORM FOR PRAKRITIK VISHAMTA BIMA (RETAIL)

(The issue of this form is not to be taken as an admission of Liability)

1.	Details of Insured	
1.1	Name	
1.2	Address	
1.3	Contact No.	
1.4	Limit of Indemnity under policy	
2	Details of damage due to opted peril	
1.1	Conditions on account of which the damage occurred	

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;"

I/We hereby agree, affirm and declare that:

1. The statements/Information given/stated by me/us in the incident reporting form are true, correct and complete
2. No material information which is relevant to the process of claim or which in any manner has a bearing on the claim has been withheld or not disclosed
3. 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.
4. The receipt of this incident reporting form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserve the rights to process or reject or require further /additional information in respect of the claim.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

UIN: IRDAN115CP0004V01202122 [4037/P]

Toll free no. : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail: Customersupport@icicilombard.com

Website: www.icicilombard.com

5. I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required
6. 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.

Place:

Date:

Signature of Insured

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