

CLAIM FORM FOR FARMERS PACKAGE POLICY
NOTIFICATION OF LOSS OR DAMAGE

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

Office Address	Cover Note / Policy No. :
	Period of Insurance : _____
	Date of Accident : _____
	Claim Number : _____

Name _____

Address _____

1. Reason of Loss or Damage or Accident?		
2. When did the loss or damage occur? <small>(Give date and time)</small>	Exact Cause of damage by expertise/surveyor for the opted coverage(if Applicable): Agricultural Pump set Agricultural Tractor Cattle Insurance Livestock Insurance Weather Insurance Individual Personal Accident Group Personal Accident Individual Health Group Health Group Health (Floater) Critical illness Secure Mind Group Secure Mind	
3. Witnesses to the occurrence. <small>Give names and addresses of any two</small>		
4. Serial No./ Identification of Insured Intety		
Exact Cause of damage by expertise/surveyor for the opted coverage(if Applicable): Agricultural Pump set Agricultural Tractor Cattle Insurance Livestock Insurance Weather Insurance Individual Personal Accident Group Personal Accident Individual Health Group Health Group Health (Floater) Critical illness Secure Mind Group Secure Mind		

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 : IRDAN115RP0004V01200809

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

Public Liability (Non-Industrial Risk)	
Employer's Liability (Workmen's Compensation)	
Machinery Breakdown	
Electronic Equipment	
All Risk	
Money	
Plate Glass	
Fidelity Guarantee	

Are you or any of the proposed applicants 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):

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“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:

- The statements/information given/stated by me/us in this Claim Form are true, correct and complete.
- 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.

- 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 thereunder 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/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
- g) I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof 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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