



- ★ To be filled in CAPITAL letters only
- ★ Seperate claim form to be filled for every insured person for redemption
- ★ As per IRDA, all claims shall be settled in electronic mode only. Please provide correct bank account details

Part - A (Insured Details)

1. **Name of Policy holder/Proposer*:** _____
 Current Policy number: _____
 Card No./UHID: _____

2. **Claimant Details:**
 Name of Insured: _____
 Relationship with the Policy holder : _____ Present completed age (in years) : _____ Gender : M _____ F _____
 Current Residential address: _____

 City: _____ State: _____
 Pin Code: _____ Mobile No.: _____ Landline No.: _____
 E-mail: _____

Part - B (Claim Details)

Nature of expense	Bill Number	Date	Amount (in ₹)
1.		D D M M Y Y	
2.		D D M M Y Y	
3.		D D M M Y Y	
4.		D D M M Y Y	
Total Claimed Amount* (In ₹)			

*Please provide original bills

Part - C - (EFT Details)

1. Name of Policy holder/Proposer*: _____
 2. Bank account number of Policy holder/Proposer: _____
 3. Name of the Bank: _____
 4. Branch Name: _____
 5. IFSC of the Bank: _____ (should be same as per the provided cheque leaflet)

***Policy holder/Proposer is the person who has paid premium for the policy**

EFT DETAILS : Provide any ONE of the below (Mandatory)

- Cancelled cheque copy/
 Valid photo identity proof (self attested)/
 Bank attested copy of passbook with IFSC

ENCLOSURE CHECKLIST : Note: All bills/documents should be in original

- Claim form duly filled & signed
 Investigation bills
 Investigation reports
 Hospitalization bills
 Medicine bills
 Doctor prescription
 Any other documents (Please specify) _____

DECLARATION

I hereby agree, affirm and declare that

- a) The statements / information given / stated in this claim form are true, correct and complete to the best of my knowledge and belief.
- b) No material information which is relevant to the processing of the claim or in any manner has a bearing on the claim has been withheld or not disclosed.
- c) If I 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 shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- d) The receipt of this claim form/other supporting/related documents does not constitute an admission of claim liability by the company and the company reserves the right to process or reject or require further/additional information in respect of the claim.
- e) I also consent and authorize ICICI Lombard Health Care to seek medical information from any hospital/medical practitioner who has any time attended on the insured person.
- f) I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim.
- g) I confirm that the expenses for which claim is being lodged have been incurred in respect of the insured.

Place : _____

Date : / /

Signature of Claimant/ Proposer