



**Claim Form for Motor Vehicle**

(TO BE FILLED AND SIGNED BY OWNER OF VEHICLE)

(Issuance of this form is not to be taken as an admission of liability. Please answer all questions fully)

**For Claim registration, please call on Toll Free Number 1800-2-666**

<b>INFORMATION ABOUT INSURED: POLICY/ COVER NOTE NO.</b>										<b>CLAIM NO.</b>									
Name: <input type="text"/>																			
Correspondence Address: <input type="text"/>																			
District: <input type="text"/>										Pin Code: <input type="text"/>									
Res. Tel. No. <input type="text"/>										Off. Tel. No. <input type="text"/>									
Fax No. <input type="text"/> (Mobile Number & Email ID is essential for the Insurer to keep the customer informed about claim process)																			
Mobile: <input type="text"/>										E Mail Id <input type="text"/>									
PAN No. <input type="text"/>										Aadhar Card No. <input type="text"/>									

Average yearly income	<input type="checkbox"/> <3 lac	<input type="checkbox"/> 3 lac to 5 lac	<input type="checkbox"/> 5 lac to 10 lac	<input type="checkbox"/> 10 lac to 20 lac	<input type="checkbox"/> >20 lac
Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Marketing	<input type="checkbox"/> Non Marketing	<input type="checkbox"/> Business	<input type="checkbox"/> Others _____
No. of members there in your Family	<input type="checkbox"/> <2	<input type="checkbox"/> 2-4	<input type="checkbox"/> 4-8	<input type="checkbox"/> >8	
How many of them are above 18	<input type="checkbox"/> <2	<input type="checkbox"/> 2-4	<input type="checkbox"/> 4-8	<input type="checkbox"/> >8	
How many of them drive the vehicle	_____				
How many vehicle do you have	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> >2		
Average kms run in year	<input type="checkbox"/> <5000	<input type="checkbox"/> 5000-10000	<input type="checkbox"/> 10000-20000	<input type="checkbox"/> >20000	
How many times you claimed in last 2 years	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more	
Usage	<input type="checkbox"/> Personal	<input type="checkbox"/> Business (within city)	<input type="checkbox"/> Business (Outside city)		
Antitheft Device in the Vehicle	<input type="checkbox"/> None	<input type="checkbox"/> Immobilizer	<input type="checkbox"/> Gear Lock	<input type="checkbox"/> Tracking Device	

<b>INFORMATION ABOUT INSURED VEHICLE:</b>																			
Registration No. <input type="text"/>										Make <input type="text"/>					Model <input type="text"/>				
Date of Registration <input type="text"/>					Mileage <input type="text"/>					kms <input type="text"/>									
Chassis No. <input type="text"/>										Engine No. <input type="text"/>									
Class of Vehicle <input type="checkbox"/> Private										<input type="checkbox"/> Commercial					<input type="checkbox"/> Two Wheeler				
Hypothecation / Hire purchase agreement <input type="text"/>																			

**DETAILS ABOUT THE DRIVER (At time of accident)**

Name: <input type="text"/>																													
Correspondence Address: <input type="text"/>																													
Driver is <input type="checkbox"/> Owner										<input type="checkbox"/> Paid driver					<input type="checkbox"/> Relative / Friend					If paid driver, how long has he been in your employment ? _____ yrs.									
Was he under the influence of intoxicating liquor or drugs ? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
Driving license number <input type="text"/>										Issuing authority <input type="text"/>																			
Date of expiry: <input type="text"/>																													
Driving license type <input type="checkbox"/> HGV										<input type="checkbox"/> LCV					<input type="checkbox"/> LMV					<input type="checkbox"/> Motor Cycle <input type="checkbox"/> Scooter without Gear									
Details of endorsements, suspension if any <input type="text"/>																													
Was the license temporary ? <input type="checkbox"/> Yes <input type="checkbox"/> No										Details of endorsements, suspension if any _____																			





7. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavor 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 Customer 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 the company.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website [www.icicilombard.com](http://www.icicilombard.com) or by sending them by post to the last address of the Customer.
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.
12. I/ We further 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 the knowledge of the Customer 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 Customer.

(Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature of the Account Holder (Insured)

For any future claim or insurance related query please call on Toll Free Number 1800-2-666



**Mailing Address:** ICICI Lombard General Insurance Company Limited Interface Building No.11, 401/402 4th Floor, New Link Road Malad (W), Mumbai - 400064.  
**Corporate Address:** ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.  
 Visit us at [www.icicilombard.com](http://www.icicilombard.com) Now One Number for all your Insurance needs **1800 2666 (Toll Free also accessible from your mobile)**

Insurance is the subject matter of the solicitation. IRDA REG. NO. 115.