

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

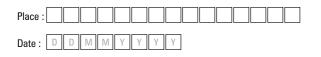
| INFORMATION ABOUT INSURED :POLIC | Y / C(| VER N | OTE NO | | | | | | | | | | C | LAI | MN | NO . | | | | | | | | | | |
|--|--------|----------|------------|-------|--------|-----------|--------|-------|---------|----------|---------|----------|-------|------|------|-------------|-------|--------|-------|------|-------|-------|-------|------|-----|----------|
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence Address: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Dis | trict | | | | | | | | | | | | | | | F | in C | ode: | : [| | | | |
| Res. Tel. No. | | | | | | Off. T | el. No | | | | | | | | | | | | | | | | | | | |
| Fax No. | | (M | obile Nu | ımbe | er & I | Email I | D is e | ssei | ntial f | or t | he In | surer t | o ke | ep t | he o | cust | tome | er inf | orm | ed a | bou | t cla | im p | roce | ss) | |
| Mobile: | | EN | /lail Id _ | | | | | | | | | | | | P | PAN | No. | | | | | | | | | |
| Average yearly income | | <3 lac | ; | | 3 lac | c to 5 la | С | | [|] ! | 5 lac | to 10 la | ac | | | 10 |) lac | to 20 |) lac | | | >2 | 0 lac | ; | | |
| Occupation | | Servic | е | | Ma | rketing | | | [| | Nonf | Market | ing | | | Вι | usine | ess | | | | Oth | ers | | | |
| No. of members there in your Family | | <2 | | | 2-4 | | | | [| | 4-8 | | | | | > | 8 | | | | | | | | | |
| How many of them are above 18 | | <2 | | | 2-4 | | | | [| – | 4-8 | | | | | > | 8 | | | | | | | | | |
| How many of them drive the vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many vehicle do you have | | 1 | | | 2 | | | | [| | >2 | | | | | | | | | | | | | | | |
| Usage | | Persor | al | | Bus | siness (| withir | n cit | ty) [| | Busir | iess (C |)utsi | de c | ity) | | | | | | | | | | | |
| Antitheft Device in the Vehicle | | None | | | Im | mobiliz | er | | [| | Gear | Lock | | | | Tra | ckin | g De | vice | | | | | | | |
| INFORMATION ABOUT INSURED VEHICL | E : | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration No. | | | N | lake | | | | | | | | | |] | Mo | del | | | | | | | | | | |
| Date of Registration | |] м | ileage | | | | | | | | | | | | k | ms | | | | | | | | | | |
| Chassis No. | | | | | | | |] E | ingine | No | | | | | _ | | | | | | | | | | | |
| Class of Vehicle Private | | | Comm | nerci | al | | |] т | īwo W | Vhe | eler | | | | | | | | | | | | | | | |
| Hypothecation / Hire purchase agreement | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DETAILS OF INJURED/DECEASED PERSO | N | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| Name: | | | | | | | | Ļ | | | | | | | | | | | | | | Ļ | | | | |
| Correspondence Address: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver is Owner Paid dr | river | | Re | lativ | e / F | riend | _ | lf p | baid d | rive | er, hov | w long | has | he | bee | en in | you | ır en | nploy | yme | nt? | | | | | yrs. |
| Was he under the influence of intoxicating lig | quor o | or drugs | ? | Yes | ; | | | No |) | ۱۰ | | 1 | | | | | | ı | ı.—— | ı.—— | | | | | | |
| Driving license number | Y | | | | | | | | | | | Issuin | ig au | ıtho | rity | | | | | | | | | | | |
| Date of expiry: D M M Y Y Driving license type HGV | Ť | | LCV | | | Г | | ЛV | | | | Mot | or Cu | vcle | | | | S | root | er w | vitho | ut G | ear | | | |
| Details of endorsements, suspension if any | | | 201 | | | | | | | | | 11100 | | yoic | | | |] 00 | 5001 | | iiiio | ut u | cui | | | |
| | 'es | | No | | | | | Det | ails o | f en | dors | ement | s. si | ispe | ensi | on if | fanv | , | | | | | | | | |
| Was accident reported to Police? | | | | Y | es | | No | | | | | | -, | | | | | | | | | | | | | |
| If yes to which Police station? | | | | | iv |) FIR N | o. / C | R D | airy N | lum | ıber | | | | | | | | | | | | | | | |
| DETAILS OF ACCIDENT : | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: D D M M Y Y Y Y | | Time | НН | 7/ | M | M am | /pm | | | | | | | | | | | | | | | | | | | |
| Exact location of accident (Address / Spot | of Ac | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Give brief description of the accident | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| | | | | | | | | | _ | | | | | | | | | | | | | | | | | _ |
| Was any third party responsible / liable for | the a | ccident | 2 | | | | Yes | | | N | lo | | | | | | | | | | | | | | | |
| If yes, please provide a copy of FIR Details | : | | | | | | | | | | | | | | | | | | | | | | | | | |

C) WAS THE INJURED /DECEASED PERSON SHIFTED TO HOSPITAL IMMEDIATELY AFTER THE ACCIDENT?

| •, | | | | | | | | | | | | | | | | | | | | | | | | •••• | | | | | | | | |
|--------|------------------|-------|-------|-----|--------------|-------|------|-------|------|-------|-------------|------|-------|----|------|-----|----|---|------|------|------|------|-------|------|-------------|--------------|---|------|------|------|------|------|
| | Yes | : | No | | f yes | , Na | me | & Ad | dres | ss of | the | Hos | pital | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. | DO Y | 'OU I | IAVE | ANY | <u>' Oth</u> | IER I | POLI | ICY F | RELE | VAN | <u>NT T</u> | 0 TI | HE S | AM | E CL | AIN | 1: | Y | ′es[| lo [| Yes, | plea | ise p | rovi | <u>de d</u> | <u>etail</u> | s | | | | | |
| (i) | Policy | y Na | me: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iiii) | Policy Policy | v Per | J hoi | ם כ | M | M | Υ | Υ | Υ | Υ | То | D | D | M | M | Υ | Υ | Υ | Y | | | | | | | | | | | | | |

I/We hereby agree, affirm and declare that :

- a. The statements/information given/stated by me, us in this claim form are true, corrected and complete.
- b. 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 (for the same/similar claim) has made or lodged with any other insurance company.
- c. No material information, which is relevant to the processing of the claim, 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 all information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under 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 will not take input credit of the service tax paid by ICICI Lombard General Insurance Company Ltd. in settlement of this motor insurance claim.



Signature / Thumb Impression of the Insured

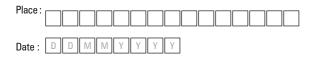
SECTION I A (TO BE COMPLETED BY NOMINEE IN THE EVENT OF INSURED'S DEATH)

| 1. | Details of Nominee: | | | | | | | | | | | | | | | | | | | | |
|------|---------------------------------|---|---|---|--|------|--|-----|------|------|---|---|--|-----------|----|---|-------|------|------|--|------|
| i) | Full Name: | | | | | | | | | | | | | | | | | | | | |
| ii) | Address: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | City | : | | | | | | | | | | | |
| | State: | | | | | | | | | | | | | | |] | Pinco | ode: | | | |
| | Email ID. : | | | | | | | | | | | | | Contact N | o. | | | | | | |
| iii) | Date of Birth: D D M M Y | Υ | Y | Y | | | | iv) | Gen | der: | М | F | | | | | | | | | |
| v) | Relationship with the deceased: | | | | | | | | | | | | | | | | | | | | |

Declaration to be signed by the Insured/ claimant or by the Nominee (in the event of Insured's death).

I/We hereby declare and warrant the truth of the foregoing particulars in every respect. I / We agree that if I /We have made or shall make false or untrue statement, suppression or concealment, my/our right to compensation shall be forfeited.

I/We also here by declare that I am /We are accepting the amount in full discharge of your obligations under the policy to the Insured Person and / or his/her legal heirs. I/We will hold you indemnified in the event of any claim under this policy being made against you by any other person or persons.



Signature / Thumb Impression of the Insured

SECTION II (TO BE COMPLETED BY HOSPITAL AUTHORITIES)

| 1. N | lam | e and | Addr | ess | of tl | he H | lospi | ital: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (i | ii) I | Percei | itade | of D |)isal | bilit | v: | \square | П | П | <u></u> % | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. (i) | | as the | | | | | | to la | ISS 0 | of ha | nd/s | s or | foot | /fee | t or | eye, | /s or | per | man | ent | disa | bilit | ty of | any | oth | er t | ype | whi | ich r | nay | prev | /ent | the | in | sure | ed f | rom | eng | agin | g |
| | ir | n or be | ing o | ccup | pied | wit | th or | givi | ng a | tten | tion | i to a | any | emp | loyn | nent | oro | occu | pati | on v | /hat | tsoe | ver | ? Yes | 5 | No | | | | - | - | | | | | | | - | - | - |
| (ii) | lf | yes, | oleas | e giv | e de | etai | ls: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| o. | | | | | | | ., | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signa | ture | e of the | e com | pete | nt A | uth | ority | of tr | eatır | ng Ho | ospr | tal / | Nur | sing | Hon | 1e | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | D | D | M | 1 Y | Y | | / Y | ′ | | | | | | | | | | | Nan | ne: | | | | | | | | | | | | | | | | | \square | \square | | |
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| Officia | al S | eal of | the Ho | ospit | al: _ | | | | | | | | | | | | | | Des | igna | tion | : | | | | | | | | | | | | | | | | | | |
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| | | sion o | | | | | | | | | othe | er in | form | natio | n do | es n | ot in | | | | | | | | | exp | ress | _ | _ | | | issio | on o | f lia | abilit | y b | y the | e coi | npar | ny.) |
| A) W | oul | d you | ike to | opt | for I | Elec | troni | c Fu | nd T | ransf | othe fer a | er in | form | natio | n do | es n | ot in | | | | | | | | | exp | | _ | _ | jest B) N | | issio | on o | f lia | abilit | y b | y the | e coi | npar | ny.) |
| A) W | oul | | ike to | opt | for I | Elec | troni | c Fu | nd T | ransf | othe fer a | er in | form | natio | n do | es n | ot in | | | | | | | | | exp | ress | _ | _ | | | issic | on of | f lia | abilit | y b' | y the | e coi | npar | ny.) |
| A) W | 'oul yes | d you | ike to provi | opt ide tl | for l ne be | Elec | troni / mer | c Fu ntion | nd T | ransf | othe fer a | er in | form | natio | n do | es n | ot in | | | | | | | | | exp | ress | _ | _ | | | | on of | f lia | abilit | y b | y the | | npar | ny.) |
| A) W B) If | /oul/ yes P | d you , kindly | ike to provi Jame | opt ide tl (as p | for I ne be er ba | Elec | troni / mer | c Fu ntion | nd T | ransf | othe fer a | er in | form | natio | n do | es n | ot in | | | | | | | | | exp | ress | _ | _ | | | | on of | f lia | abilit | :y b' | y the | | npar | ny.) |
| A) W B) If | /oul/ yes P P | d you , kindly ayee N | ike to provi lame Accou | o opt ide th (as p int N | for I ne be er ba | Elec | troni / mer ecord | c Fu ntion | nd Ti led d | ransf | othe fer a s : | er in | form ode | natio | n do ayme]] | es n ent ? | ot in | any | | | | | | | | exp | ress | _ | _ | | | | | f lia | abilit | :y b' | y the | | npar | ny.) |
| A) W B) If | /oul/ yes P P T | d you , kindly ayee M ayee <i>A</i> | ike to provi lame Accou Acco | o opt ide th (as p int N unt: | for l ne be oer ba o.: | Elec | troni / mer ecord | c Fu ntion ds): | nd Ti led d | ransf | othe fer a s : | er inf as mo | form ode | natio | n do ayme]] | es n ent ? | ot in | any | | | | | | | | exp | ress | _ | _ | | | issic | | f lia | abilit | :y b' | y the | | npar | ny.) |
| A) W B) If | /oul/ yes, P P T T | d you , kindly ayee M ayee <i>A</i> ype of lame c | ike to provi lame Accou Acco f the | o opt ide th (as p int N unt: Bank | for l ne be oer ba o.: | Elec | troni / mer ecord | c Fu ntion ds): | nd Ti led d | ransf | othe fer a s : | er inf as mo | form ode | natio | n do ayme]] | es n ent ? | ot in | any | | | | | | | | exp | ress | _ | _ | | | issic | | f lia | abilit | y b | y the | | mpar | ny.) |
| A) W B) If | /oul/ yes; P P T T N B | d you , kindly ayee N ayee A ype of lame c tranch | ike to provi Jame Accou Acco f the Name | o opt ide th (as p int N ount: Bank e: | for l ne be er ba o.: <: | Elec | troni / mer ecord | c Fu ntion ds): | nd Ti led d | ransf | othe fer a s : | er inf as mo | form ode | natio | n do ayme]] | es n ent ? | ot in | any | | | | | | | | exp | ress | _ | _ | | | | | f lia | abilit | :y b' | | | mpar | ny.) |
| A) W B) If | /oul/ yes; P P T T N B | d you , kindly ayee M ayee <i>A</i> ype of lame c | ike to provi Jame Accou Acco f the Name | o opt ide th (as p int N ount: Bank e: | for l ne be er ba o.: <: | Elec | troni / mer ecord | c Fu ntion ds): | nd Ti led d | ransf | othe fer a s : | er inf as mo | form ode | natio | n do ayme]] | es n ent ? | ot in | any | | | | | | | | exp | ress | _ | _ | | | issic | | f lia | | :y b' | | | | ny.) |
| A) W B) If | /oul/ yes, P P T N B A [| d you , kindly ayee N ayee A ype of lame c tranch | ike to provi Jame Accou Acco f the Name s of th | opt ide th (as p nt N unt: Bank e: ne Ba | for I ne be er ba o.: k: | Elec elow ank r | troni / mer ecord]] Sav | c Fu ntion ds): | nd Ti led d | ransf | othe fer a s : | er inf as mo | form ode | natio | n do ayme]] | es n ent ? | ot in | any | | | | | | | | exp | ress | _ | _ | | | issic | | f lia | abilit | :у b' | | | | ny.) |
| A) W B) If • • | /oul/ yes, P P T T N B A If | d you kindly ayee M ayee A ype of lame c addres: | ike to provi lame Accou Acco f the Name s of th | o opt ide th (as p nnt N unt: Bank e: ne Ba | for I ne be er ba o.: () ank: () the | Elec elow ank r | troni / mer ecord Sav Sav | c Fu ntion ds): | nd Ti led d | ransf | othe fer a s : | er inf as mo | form ode | natio | n do ayme]] | es n ent ? | ot in | any | | | | | | | | exp | ress | _ | _ | | | issic | | f lia | abilit | :y b' | | | npar | ny.) |
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| A) W B) If . . | /oul/ yes P T T N B A I I I I I N | d you kindly ayee ayee ype of alame c ddress SC Cc Cc SC Cc Cc CC CC CC Cc Cc Cc Cc Cc Cc Cc Cc C | ike to provi lame Accou Acco f the Name s of th de No ode N | o opt ide th (as p nt N unt: Bank e: ne Ba c. of lo. o ccou | for I ne be er ba o.: (ank: (ank: (the f the f the | Elec elow ank r | troniv / mer ecord]] Sav]] k: nk: ber (| c Fu ntion ds): // // // // // // // // // // // // // | nd Ti ed d | ransf etail: Paye | othe fer a s : Cur Cur | er infas me | form ode | natio of pa | n do aymo]] Oth]]]] | es n ent ? ers | ot in , (spee)]]]]]]]]] | any | | | | | | | | exp | ress | _ | _ | | | issic | | | Abilit | | y the | | | ny.) |
| A) W B) If • • | Yes, Yes, P P T N B A A I I I I I N P | d you kindly ayee ype of lame c iranch iranch control SC Coo SC Coo SC Coo MICR C erman | ike to provi lame Accou Accou Acco f the Name s of th Code N ode N ode N eent A | o opt ide th (as p nnt N unt: Bank e: ne Ba Co. of No. of ccou | for I ne be er ba o.: () ank: () the f the int N h an | Elec elow ank r C Ban Ban Ban Jum | troniv / mer ecorc]] Sav]]]]]]]]]] Sav]] Sav] Sav]] Sav] Sav]] Sav] Sav] Sav]] Sav] Sav]] Sav] Sav] Sav]] Sav] Sav]] Sav | c Fu ntion ds): //ings//ings/ | nd Ti eed d | ransf etail: | othe fer a s: Cur Cur | er inf as mo]]]]]]]] | form ode | natio of pa | n do aymo]] Oth]]]] | es n ent ? ers | ot in , (spee)]]]]]]]]] | any | | | | | | | | exp | ress | _ | _ | | | | | | | | | | | ny.) |

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.

2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.

- 3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- 4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- 5. ICICI Lombard General Insurance Company Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS/NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The date of notice for ICICI Lombard will be the date of receipt of such notice by ICICI Lombard. The notice of such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd, ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025
- 6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Customer stating the date of receipt of such communication by the Customer.

- 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 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)

CHECK LIST FOR DEATH CLAIMS:

DOCUMENTS REQUIRED

- □ PA Claim Form duly signed by the Beneficiary/Nominee is available
- Gazetted/Notary Attested True Copy of FIR Report
- Gazetted/Notary Attested Panchanama.
- Gazetted/Notary Attested Post Mortem Report.
- Gazetted/Notary Attested Death Certificate (Death certificate issued by registrar of death and Birth).
- Gazetted/Notary Attested RC Copy of the vehicle & DL copy of the Driver/Insured.
- □ Original Indemnity Cum Declaration Undertaking with Court Stamp Paper (Rs 100/-) with notarized stamp & seal as per the Encl Format (Fill up by the Claimant/Nominee).
- □ Original NOC of all Legal Heirs on Court Stamp Paper (Rs 50/-) with notarized stamp & Seal as per the ENCL Format (Fill up by the other legal heirs in family).
- □ Investigation Report in Original(In case customer has joined the hospital after the accident)
- □ AML documents passport size photo of Claimant/Nominee , Attested Current Address proof of the claimant/Nominee , ID proof of claimant/Nominee.
- Gazetted/Notary Attested Ration card copy (Full family member detailed)
- Gazetted/Notary Attested PAN card copy (Nominee)
- □ Gazetted/Notary Attested Proof of Relationship with deceased person or Legal Heir Certificate.
- □ Original / attested policy copy

CHECK LIST FOR PTD CLAIMS:

- PA Claim Form duly signed by the Beneficiary/Nominee is available.
- Gazetted/Notary True Copy of FIR Report.(if available)
- Gazetted/Notary Hospital discharge summary.
- Gazetted/Notary Disability Certificate treating doctor or Govt. surgeon
- Gazetted/Notary RC Copy of the vehicle & DL copy of the Driver/Insured.
- □ Original indemnity Cum Declaration Undertaking with Court Stamp Paper (Rs 100/-) with notarized stamp & seal as per the Encl Format (Fill up by the Claimant)
- Becent photo of injured with reflecting disability
- □ AML documents (Photo graph, Current Address proof of the claimant ID proof of claimant)
- Original / attested policy copy

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 Mail us at ihealthcare@icicilombard.com Now One Number for all your Insurance needs 1800 2 666 (Toll Free also accessible from your mobile)