



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 :POLICY / COVER NOTE NO. _____ **CLAIM NO.** _____

Name: _____

Correspondence Address: _____

 _____ District: _____ Pin Code: _____

Res. Tel. No. _____ Off. Tel. No. _____

Fax No. _____ (Mobile Number & Email ID is essential for the Insurer to keep the customer informed about claim process)

Mobile: _____ E Mail Id _____ PAN No. _____

Average yearly income <3 lac 3 lac to 5 lac 5 lac to 10 lac 10 lac to 20 lac >20 lac

Occupation Service Marketing Non Marketing Business Others _____

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 Personal Business (within city) Business (Outside city)

Antitheft Device in the Vehicle None Immobilizer Gear Lock Tracking Device

INFORMATION ABOUT INSURED VEHICLE :

Registration No. _____ Make _____ Model _____

Date of Registration _____ Mileage _____ kms _____

Chassis No. _____ Engine No. _____

Class of Vehicle Private Commercial Two Wheeler

Hypothecation / Hire purchase agreement _____

DETAILS OF INJURED/DECEASED PERSON

Name: _____

Correspondence Address: _____

Driver is Owner Paid driver Relative / Friend If paid driver, how long has he been in your employment ? _____ yrs.

Was he under the influence of intoxicating liquor or drugs ? Yes No

Driving license number _____ Issuing authority _____

Date of expiry: D D M M Y Y Y Y

Driving license type HGV LCV LMV Motor Cycle Scooter without Gear

Details of endorsements, suspension if any _____

Was the license temporary ? Yes No Details of endorsements, suspension if any _____

Was accident reported to Police? Yes No

If yes to which Police station? _____ iv) FIR No. / CR Dairy Number _____

DETAILS OF ACCIDENT :

Date: D D M M Y Y Y Y Time: H H / M M am/pm

Exact location of accident (Address / Spot of Accident with landmark) _____

Give brief description of the accident _____

Was any third party responsible / liable for the accident? Yes No

If yes, please provide a copy of FIR Details : _____

SECTION II (TO BE COMPLETED BY HOSPITAL AUTHORITIES)

1. **Name and Address of the Hospital:**

2. **Date of Admission:**
 (As In-patient / Out-patient /Emergency case)

3. **Date of Discharge:**

4. (i) **Nature of Injury:**
 (ii) **Particulars of Treatment:**
 (iii) **Percentage of Disability:** %

5. (i) **Has the accident resulted into loss of hand/s or foot/feet or eye/s or permanent disability of any other type which may prevent the insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever?** Yes No

(ii) **If yes, please give details:**

Signature of the competent Authority of treating Hospital / Nursing Home

Date:

Name:

Official Seal of the Hospital: _____ Designation: _____

Direct Fund Transfer/EFT Mandate Form

(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.)

A) Would you like to opt for Electronic Fund Transfer as mode of payment ? A) Yes B) No

B) If yes, kindly provide the below mentioned details :

- Payee Name (as per bank records):
- Payee Account No.:
- Type of Account: Savings Current Others (specify):
- Name of the Bank:
- Branch Name:
- Address of the Bank:
- IFSC Code No. of the Bank:
- MICR Code No. of the Bank:
- Permanent Account Number (PAN) of Payee:

1) Please attach an Original Blank Cancelled Cheque signed by the Payee.	Mandatory <input type="checkbox"/>
2) Please attach a PAN Card copy of Payee	Mandatory <input type="checkbox"/>

Terms and Conditions for Payments through RTGS/NEFT

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)

DOCUMENTS REQUIRED

CHECK LIST FOR DEATH CLAIMS:

- 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)
- Recent 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)**