ICICI Lombard
Aapka Plan B

CLAIM FORM FOR PERSONAL ACCIDENT INSURANCE

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

Address to dispatch Claim Documents : ICICI Lombard Health Care ICICI Bank Tower, Plot No.12, Financial District, Nanakram Guda, Gachibowli, Hyderabad, Andhra Pradesh, PIN No. 500032.	Cover Note / Policy No : Period of Insurance : Date of Accident : Claim Number :

PLEASE ANSWER ALL QUESTIONS FULLY

1. DETAILS OF INSURED

(I) Name :

(ii) Address :

H.No. : Building/Street Name : Area :

Land mark: City :

State: Pin Code:

Contact / Mobile No : E-mail:

2. DETAILS OF INJURED/ DECEASED PERSON

(i) Name :

(ii) Address :

H.No. : Building/Street Name : Area :

Land mark : City :

State : Pin Code:

Contact / Mobile No : E-mail:

(iii) Age : (iv) Designation, Employee Id & Date of Joining :

(v) Date & time of injury/death : D D/ M M / Y Y Y Y

(vi) Place of injury/ death

(vii) Detailed Description of the accident :

(viii) Whether reported to Police : Yes No

(ix) If yes then name and address of Police Station :

3. Was the injured /deceased person shifted to hospital immediately after the accident? No

If yes , Name & address of the hospital

4. Do you have any other Personal Accident Policy? If yes, please give :

(i) Address of the issuing office :

(ii) Policy No. : (iii)

Declaration

I hereby agree, affirm and declare that:

(a) The statements/information given/stated by me/us in this claim form are true, correct and complete.

(b) 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.

(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 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.

Place :

Date : D D / M M / Y Y Y Y

Signature of the Injured Person

(To be filled in by the Employer/Insured)

1. Was the injured person in respect of whom claim being made absent from work ? Yes No

If so, please furnish the details of such absence : Leave From : D D / M M / Y Y Y Y

To : D D / M M / Y Y

I / We hereby declare that the particulars made by the injured person in the claim from are true to the best of our knowledge and belief.

Place : Date : D D / M M / Y Y Y Y

Signature of the Insured

SECTION II (TO BE COMPLETED BY HOSPITAL AUTHORITIES)

1. Name and address of the hospital :

2. Date of admission : D D / M M / Y Y Y Y
(As in patient / out patient /emergency case)

3. Date of discharge : D D / M M / Y Y Y Y

4.(i) Nature of injury :

(ii) Particulars of treatment :

(iii) If Claim is related to Temporary Total Disability) :

Advised rest/ unfit to work for specified number of days.
From : D D /M M / Y Y Y Y
To : D D /M M / Y Y Y Y

Fitness Date to join Duties D D /M M / Y Y Y Y

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 : D D / M M / Y Y Y Y

Name: _____

Official Seal of the Hospital: _____

Designation _____

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

1. Details of Nominee

(iii) Age :

(iv) Relationship with the deceased :

Date : D D / M M / Y Y Y Y

Place : Signature of the Nominee

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.

Date : D D / M M / Y Y Y Y

Place :

Signature of the Nominee

rect Fund Transfer/EFT Mandate For

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**
2) Please attach a **PAN Card** copy of Payee	**Mandatory**

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.

Signature of the Account Holder

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