



ICICI LOMBARD MOTOR INSURANCE CLAIM FORM

The issue of this form is not to be taken as an Admission of Liability
(To be filled by the Owner of the Vehicle)

Please give the following information correctly and completely
For claim Number please call on Toll Free Number 1800 2666

To fill & submit the claim form digitally, please scan QR code or visit www.icicilombard.com/mobile/mClaim/index.html#/home

PART A

INFORMATION ABOUT INSURED

Policy / Cover Note No.

Claim no

Name

Correspondence Address

Pincode

Mobile/ Telephone Number for communication

Email Id

(Mobile Number & Email ID is essential for the Company to keep the customer informed about claim process)

Customer Occupation

Academic & Educational Doctor/Nurse/Healthcare/Paramedical Defence & Military
 Legal / Law Enforcement / Public Safety Government & Administrative IT Professional
 Corporate Employee Business /Entrepreneurship / Finance
 Others: (Please specify)

PAN No.

Aadhaar No. CKYC Number

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*? Yes No

If yes, please give details (Nature of relationship and position held by PEP):

*"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials;"

INFORMATION ABOUT INSURED VEHICLE

Registration No.

Chassis No.

DETAILS ABOUT THE DRIVER (At the time of accident)

Name

Driving license number

Vehicle was being driven by Vehicle Owner Other than owner

DETAILS OF ACCIDENT

Date Time am/ pm

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

Give brief description of the accident

ICICI Lombard General Insurance Company Limited

IRDA REG NO. 115

Mailing Address:

ICICI Lombard General Insurance Company Limited
Interface Building No.11, 401/402 4th Floor,
New Link Road Malad (W), Mumbai - 400064.

UIN: ICIHLP21380V042021

CIN : L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard GIC Limited, ICICI Lombard House, 414,
Veer Savarkar Marg, Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025.

ICICI LOMBARD MOTOR INSURANCE CLAIM FORM

Toll free no : 1800 2 666 (Toll Free also accessible from your mobile)

Alternate no : 8655222666 (Chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

THIRD PARTY INJURY / THIRD PARTY VEHICLE DAMAGEInjured Person Name Injured person Address FIR lodged Yes No

For list of required documents, please visit
<https://eclaim.icicilombard.com/mobilefront/#/home>

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by I / we in this claim form are true, correct and complete.
- b. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
- c. 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.
- d. 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
- e. I/We hereby understand that I have the option to retain the wreck and accept the cash loss settlement for eligible claim.
- f. If/We have given/made any false of fraudulent statement /information, or suppressed or concealed or in any manner failed to disclosed mal 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.
- g. 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 required further/additional information in respect of the claim.
- h. I/We will not take input credit of the Goods & Service tax paid by ICICI Lombard General Insurance Company Ltd. in settlement of this motor insurance claim.

Date

Signature / Thumb Impression/ OTP Validation of the Claimant / Insured

ICICI Lombard General Insurance Company Limited

IRDA REG NO. 115

Mailing Address:

ICICI Lombard General Insurance Company Limited
 Interface Building No.11, 401/402 4th Floor,
 New Link Road Malad (W), Mumbai - 400064.

UIN: ICICHLGP21380V042021

CIN : L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard GIC Limited, ICICI Lombard House, 414,
 Veer Savarkar Marg, Near Siddhi Vinayak Temple,
 Prabhadevi, Mumbai 400 025.

ICICI LOMBARD MOTOR INSURANCE CLAIM FORM

Toll free no : 1800 2 666 (Toll Free also accessible from your mobile)

Alternate no: 8655222666 (Chargeable)

E-mail : customersupport@icicilombard.comWebsite : www.icicilombard.com

