



### 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: _____			
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	<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.	_____	Make	_____	Model	_____
Date of Registration	_____	Mileage	_____	kms	_____
Chassis No.	_____	Engine No.	_____		
Class of Vehicle	<input type="checkbox"/> Private	<input type="checkbox"/> Commercial	<input type="checkbox"/> Two Wheeler		
Hypothecation / Hire purchase agreement	_____				

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

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:

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 \_\_\_\_\_

<b>DETAILS OF ACCIDENT :</b>	
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a copy of FIR Details : _____	

**DETAILS OF GARAGE**

Garage Name:

Garage Address:

Garage Phone Number:

Garage Contact Person:

**THIRD PARTY INJURY / THIRD PARTY VEHICLE DAMAGE**

i) Name:

ii) Address:

iii) Full details of personal / vehicle damaged

**WITNESS DETAILS (FOR THEFT AND THIRD PARTY INJURY / DAMAGE)**

i) Give name and address of witness (if any)

Correspondence Address:

Res. Tel. No.  Off. Tel. No.  Mobile:

ii) Was accident reported to Police?  Yes  No

If not, reasons

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

v) Name of attending inspector

**PARTIAL / TOTAL THEFT**

i) Date:  Time:  am/pm ii) Place of theft

iii) Circumstances relating to theft

iv) Estimated cost of replacement (For partial theft claim) Rs.  v) By whom discovered and reported ?

vi) Has theft been reported to Police  vii) When ?  viii) Which Police Station

Any other relevant information to processing of claim

**DOCUMENTS REQUIRED**

**For Accident Claims**

- Claim Form Duly Signed\*
- R. C. Copy of the Vehicle\*\*
- Driving License Copy\*\*
- Policy Copy - (First 2 Pages only)
- FIR Copy
- Original Estimate
- Original Repair Invoice, Payment Receipt
- Letter of Indemnity and Subrogation\*
- Documents as required by AML Guide Line

**For Theft Claims**

- Claim Form Duly Signed\*
- R. C. Copy\*\* of The Vehicle with All Original Keys
- Driving License Copy\*\*
- Original Policy Copy
- FIR Copy, Untrace Report, Dumping Yard Certificate
- RTO Transfer Papers Duly Signed\*
- NOC from Finance Company (If Hypothecated)
- Documents as required by AML Guide Line

**For Third Party Claims**

- Claim Form Duly signed\*
- Police FIR Copy
- Driving License Copy\*\*
- Policy Copy
- MACT / Legal Notice
- R. C. Copy\*\* Of the Vehicle
- Documents as required by AML Guide Line

\*Stamp required in case of company \*\*Original Documents to be produced for verification.

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 teh 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/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.
- e. The receipt of this claim form / other supporting/realated 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.
- 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.

Place :

Date :

Signature / Thumb Impression of the Insured

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

**Terms and Conditions for Payments through RTGS I 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 Condition 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**

