

THIRD PARTY INJURY / THIRD PARTY VEHICLE DAMAGE

i) Name _____
ii) Address _____
iii) Full details of personal injury sustained _____
iv) Full details of property / vehicle damaged _____

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

i) Give name and address of witness (if any) _____
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 and Time _____ 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
- Discharge voucher Duly Signed*

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)
- Letter of Indemnity and Subrogation*

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

* 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 the same/similar claim) has been 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 material 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 required further/additional information in respect of the claim.

Place: _____
Date: _____

Signature/Thumb Impression of the Insured

FOR OFFICE USE:

Claim No _____ Date of intimation _____ Time _____ hrs.
Surveyor Name _____ License No _____
Claim Details _____
Signature _____ Date _____
CSM Name _____ Signature _____ Date _____



GENERAL INSURANCE

ICICI Lombard General Insurance Company Limited

Regd. Office : ICICI Bank Towers, Bandra Kurla Complex, Mumbai - 400 051, India
Mailing Address : Zenith House Keshavrao Khadye Marg, Mahalaxmi, Mumbai - 400 034.
Website: www.icicilombard.com e-mail: info@icicilombard.com

Proof of Release

ICICI Lombard General Insurance Company Limited
Zenith House,
Keshavrao Khadye Marg,
Mahalaxmi,
Mumbai – 400034
Fax: 022-24923629

Dear,

My vehicle number _____ with _____ has been repaired to my satisfaction. I would like to release ICICI Lombard General Insurance Co. Ltd. from future liability on this claim

Customer name	
Policy no	
Claim no.	
Date	
Time	
Signature of Customer	

For garage use:

Vehicle reporting date	
Vehicle delivering date	
Garage signature	
Garage Stamp	

ACM Signature:
Region: