

CLAIM FORM: Income Protect
UIN No. [ICIHLP18127V011718]

Issuance of this claim form is not to be taken as an admission of liability

You can lodge a claim with Us by any of the below means

- You can lodge a claim through Our website: www.icicilombard.com
- To register Your claim on the phone, please dial Our **Toll Free Number: 18002666**
- You can also mail Us on ihealthcare@icicilombard.com
- You may visit any of Our nearest branches and meet Our representatives

PART –I: Customer related details (To be filled by Insured Person/ claimant)

Note: Please attach a separate sheet if space available is not sufficient for filling in complete details.

A. Insured Person Details:

Policy No.:

Name of the Proposer:

Name of the Insured Person:

Date of birth: / / Gender: Male Female

Aadhaar Card No. of Insured Person:

B. Claimant Details:

Name of claimant:
(Please ignore if Insured Person is claimant)

Relationship of claimant with Insured Person:

Address for communication:

Contact Details: Mob. / Res. No.

Email Id:

Aadhaar Card No. of claimant: (Please ignore if Insured Person is claimant)

Do You have any other insurance for similar claim (either with Us or with any other insurer)

- If yes please specify details

Name of the insurer	Policy /product name	Policy No.	Policy Period	Sum Insured

C. Loan Details (To be filled by Insured Person/ claimant if the Policy is linked to an underlying Loan)

Name of the Financial Institution:

LAN No.:

EMI amount:

C. Other Financial Instrument Details (To be filled by Insured Person/ claimant if policy is linked to an underlying financial instrument)

Is Policy assigned: Yes No If yes, please mention the name of Financial Institution:

Name of the Financial Institution:

Folio No. in case of SIP or (Details of other instrument if not linked to SIP):

SIP amount:

PART- II: Claim Details

Loss Details

Claim No. (If claim has already been registered with ICICI Lombard Health Care):

Description of Loss/Event:

In case of Injury/Permanent Total Disablement/ Death due to an Accident:

Was any FIR done: Yes No

If yes, please share:

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- Location of police station in which FIR registered: _____
- FIR no.: _____

In case FIR was not done, please state the reasons for same: _____

PART III: Hospital Details if applicable (To be filled by Insured Person/claimant/ Hospital authorities):

Please specify the below details for all the Hospitals (In case more than one Hospital was visited)

Details	Hospital 1	Hospital 2	Hospital 3
Name of the Hospital			
Address of the Hospital			
Name of treating Medical Practitioner			
Nature of Injury/Illness:			
Particulars of treatment: Medical: <input type="checkbox"/> Surgical : <input type="checkbox"/>			
For any Critical Illness, date when the Critical Illness was first diagnosed: □□/□□/□□□□			
Date and time of admission: □□/□□/□□□□ Time: __AM/PM			
Date and time of discharge: □□/□□/□□□□ Time: __AM/PM			
Number of days in ICU (if any):			
Reasons for admission: Medical <input type="checkbox"/> Accident <input type="checkbox"/>			
In case of admission due to Accident: Was any MLC done: Yes <input type="checkbox"/> No <input type="checkbox"/>			
In case of death: Was any post mortem done: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was Insured Person suffering from any Pre-Existing Disease:			

Signature of the Insured Person/claimant/Competent authority at treating Hospital

Hospital 1 _____

Hospital 2 _____

Hospital 3 _____

Please tick against each of the Benefit under which you are claiming for, as per the relevant Section and Benefits. Also provide additional details specified against each of the Benefits in the table below.

The Insured Person/claimant will be eligible to claim for only those Benefits for which premium has been received by Us and Benefits have been specified in the Policy Certificate provided to You by Us.

Section and Benefit name	Loss Description	Please tick against Benefit being claimed for
Section A Benefit 1	Loss of Income on account of loss of employment	
Section B Benefit 2	Heart and Vascular conditions	
	MYOCARDIAL INFARCTION	
	REFRACTORY HEART FAILURE	
	CARDIOMYOPATHY	
	Lung Conditions	
	END STAGE LUNG FAILURE	
	PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION	
	Liver conditions	
	END STAGE LIVER FAILURE	
	Neuro/ spinal & psychiatric disease	
	MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS	
	MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS	
	PERMANENT PARALYSIS OF LIMBS	
	STROKE RESULTING IN PERMANENT SYMPTOMS	
	COMA OF SPECIFIED SEVERITY	
	ALZHEIMER'S DISEASE	
	PARKINSON'S DISEASE	
	APALLIC SYNDROME	
	BENIGN BRAIN TUMOUR	
	CREUTZFELDT-JAKOB DISEASE (CJD)	
	MAJOR HEAD TRAUMA	
	Renal diseases	
	KIDNEY FAILURE REQUIRING REGULAR DIALYSIS	
MEDULLARY CYSTIC DISEASE		
Musculoskeletal diseases		
MUSCULAR DYSTROPHY		

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	POLIOMYELITIS	
	Bleeding disorders	
	APLASTIC ANEMIA	
	Auto immune diseases	
	SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) WITH RENAL INVOLVEMENT	
	MYASTHENIA GRAVIS	
	SCLERODERMA	
	GOOD PASTURES SYNDROME WITH LUNG OR RENAL INVOLVEMENT	
	Others	
	BLINDNESS	
	DEAFNESS	
	CANCER OF SPECIFIED SEVERITY	
	THIRD DEGREE BURNS	
	LOSS OF SPEECH	
	LOSS OF LIMBS	
	LOSS OF INDEPENDENT EXISTENCE	
Section B Benefit 3	Major Surgical Procedures(Please tick against the surgery undergone as stated in annexure A)	
Section C	Benefit 4: Accidental Death Benefit	
	Benefit 5: Permanent Total Disablement (PTD) Benefit	
	Benefit 6: Permanent Partial Disablement (PPD) Benefit	
	Benefit 7: Temporary Total Disablement (TTD) Benefit	
	Benefit 8: Mysterious Disappearance Benefit	
Section D	Benefit 9: Hospital Daily Cash Benefit	

Claim documents required for Section A

	Duly filled claim form by the insured or claimant.
	Termination letter and relieving letter
	Appointment letter issued by employer
	Salary structure as stated in compensation structure
	Last 3 months salary slips
	Last 3 year performance appraisal letters- wherever applicable
	Repayment schedule in case of loan linked policy
	Loan/Folio statement of account(wherever applicable)
	Form 16 from employer
	Previous/Current ITR wherever applicable
	Medical/OPD paper/Discharge papers wherever sickness or illness was the reason for termination
	HR contact details- Mobile, Email id, Address and name of employer/HR personnel
	AML Documents - Pan Card Copy, Residence Proof, 2 passport sized colour photos of Insured Person/claimant
	Cancel Cheque and NEFT Mandate form - duly filled in by the claimant/insured

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Claim documents required for Section B – Critical Illness

I. Common mandatory documents required for Section B	
	Claim Form duly filled and signed by insured / nominee / claimant
	EMS Paper
	Discharge Card/Summary
	Indoor Case Papers including OT notes
	Hospital Bills
	All Investigation Reports – blood, pathology, radiology, etc.
	Treating Doctor Certificate confirming diagnosis
	Current and Past consultation papers
	Certificate of Medical Cause of Death issued by last attending doctor (wherever applicable)
	Certificate from last attending doctor/medical authority for underlying medical condition/s leading to death of Insured
	Post Mortem Report, FSL Report, Viscera and Chemical Analysis Report, Histopathology Report (wherever applicable)
	Any other specific investigation / document to support the diagnosis
	AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant

Specific Disease Related Investigations and other mandatory documents, in addition to the set of common documents above.

S. No.	Name of Critical Illness	Disease Specific documents
Heart and vascular conditions		
1	MYOCARDIAL INFARCTION	All ECGs, Stress Test, 2D Echo, X-Ray Chest, Cardiac Enzymes (Trop. T, Trop. I, CPK, CPK-MB, LDH, S. Electrolytes), Thallium Scan
2	REFRACTORY HEART FAILURE	
3	CARDIOMYOPATHY	
Lung Conditions		
4	END STAGE LUNG FAILURE	All Pulmonary Function Tests, Chest CT Scan (HRCT), Bronchoscopy, ABG, ECGs, Stress Test, 2D Echo, X-Ray Chest
5	PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION	
Liver conditions		
6	END STAGE LIVER FAILURE	Reports pertaining to all Liver Function Tests, USG Abdomen, CT Scan of Abdomen, Liver Biopsy, all other pathological tests, Ascitic Tapping report,

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Neuro/ Spinal & psychiatric disease		
7	MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS	CT Scan(s) and MRI(s), Visual Evoked Potentials report, EEG, EMG, nerve conduction studies, CSF evaluation , Certificate from Neurologist confirming diagnosis
8	MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Nerve Conduction studies CSF evaluation, Muscle Biopsy, Certificate from Neurologist confirming diagnosis
9	PERMANENT PARALYSIS OF LIMBS	CT Scan(s) and MRI(s), EEG, EMG, , Certificate from Civil Surgeon confirming disability, Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status and duration of the Paralysis, Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status at the end of 3 months of date of diagnosis
10	STROKE RESULTING IN PERMANENT SYMPTOMS	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Certificate of diagnosis from treating Neurologist Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status, Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status at the end of 3 months of date of diagnosis
11	COMA OF SPECIFIED SEVERITY	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Certificate of diagnosis from treating Neurologist, Consultation papers from the Treating Neurologist stating the Neurological status, Consultation papers from the Treating Neurologist stating the Neurological status at the end of 96 hours of date of diagnosis
12	ALZHEIMER'S DISEASE	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Neuropsychological Tests, Certificate of diagnosis and neurological status from treating Neurologist
13	PARKINSON'S DISEASE	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Certificate of diagnosis and neurological status from treating Neurologist
14	APALLIC SYNDROME	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, PET Scan, Certificate of diagnosis and neurological status from treating Neurologist
15	BENIGN BRAIN TUMOUR	CT Scan(s) and MRI(s), pathological tests, Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports, Certificate of diagnosis from treating Neurologist / Neurosurgeon stating neurological deficit, Subsequent details of the treatment with the consultation papers from the inception of ailment
16	CREUTZFELDT-JAKOB DISEASE (CJD)	Electroencephalography, CSF Analysis, MRI Certificate of diagnosis from treating Neurologist,

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		brain biopsy / Histopathological examination of brain tissue at the time of autopsy
17	MAJOR HEAD TRAUMA	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Certificate of diagnosis and neurological status from treating Neurologist, Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status at the end of 3 months of date of diagnosis
Renal diseases		
18	KIDNEY FAILURE REQUIRING REGULAR DIALYSIS	Complete Renal Profile, S. Uric Acid, Urine Routine, S. creatinine, creatinine clearance, Urine Microscopy, 24 hour Urine Analysis, USG Abdomen Pelvis, CT Scan Abdomen Pelvis, Renal Biopsy, Dialysis Papers/Receipts done in recent past
19	MEDULLARY CYSTIC DISEASE	
Musculoskeletal diseases		
20	MUSCULAR DYSTROPHY	Creatinine Kinase, ECG, 2D Echo Pulmonary Function Tests, EMG, nerve conduction studies, Muscle Biopsy, Certificate of diagnosis and neurological status from treating Neurologist
21	POLIOMYELITIS	Throat Swab / Stool / CSF Examination for Poliovirus, Certificate from Civil Surgeon certifying Diagnosis and Disability
Bleeding disorders		
22	APLASTIC ANAEMIA	CBC, Renal Function Test, Liver Function Test, S Electrolytes, Thyroid Function Test, Vitamin B12, Folic Acid levels, Bone Marrow Aspiration Biopsy, Autoimmune workup, certificate from hematologist confirming the diagnosis
Auto immune diseases		
23	SYSTEMIC LUPUS ERYTHAMATOSUS (SLE) WITH RENAL INVOLVEMENT	ANA Antibodies, Anti-ENA Antibodies, Complete Renal Profile, S. Uric Acid, Urine Routine, Urine Microscopy, 24 hour Urine Analysis, USG Abdomen Pelvis, CT Scan Abdomen Pelvis, Renal Biopsy
24	MYASTHENIA GRAVIS	Nerve stimulation tests, Tensilon test, Autoimmune workup, X Ray Chest, High resolution CT , EMG, Certificate of diagnosis from treating physician
25	SCLERODERMA	Autoimmune workup, ANA, Renal Function Test, Urine Routine & Microscopy, USG Abdomen Pelvis, Renal Biopsy, Pulmonary Function Tests, X ray Chest/HRCT, Lung Biopsy, ECG, 2D Echo, CAG
26	GOOD PASTURES SYNDROME WITH LUNG OR RENAL INVOLVEMENT	Autoimmune workup, Anti-GBM antibody testing, ANCA, Renal Function Test, Urine Routine & Microscopy, USG Abdomen Pelvis, Renal Biopsy, Pulmonary Function Tests, X ray Chest/HRCT, Lung Biopsy
Others		
27	BLINDNESS	Visual Field Testing, Vision Acuity Testing, Certificate from Civil Surgeon confirming the

			diagnosis and disability
	28	DEAFNESS	Audiometry Tests, Certificate from Civil Surgeon confirming the diagnosis and disability
	29	CANCER OF SPECIFIED SEVERITY	All histology/cytology/FNAC/Biopsy/Immuno-chemistry reports, X-ray, CT Scan, MRI, PET Scan, Bone Marrow Test, Cancer Markers, all other pathological tests
	30	THIRD DEGREE BURNS	MLC, FIR, Panchnama, Police Final Charge sheet, Post Mortem report, Certificate from attending physician certifying degree of burns along with the percentage of body surface involved
	31	LOSS OF SPEECH	Bronchoscopy/Laryngoscopy, Certificate from Civil Surgeon confirming the diagnosis and disability
	32	LOSS OF LIMBS	MLC, FIR, Panchnama, in case of accidental Injury Certificate from civil surgeon confirming the diagnosis and disability
	33	LOSS OF INDEPENDENT EXISTENCE	Certificate from Medical practitioner confirming Illness/Injury and inability to perform Activities of Daily Living

Claim documents required for Section B – Major Surgical Procedures

<input type="checkbox"/>	Duly filled claim form by the insured or claimant
<input type="checkbox"/>	Hospital discharge summary
<input type="checkbox"/>	All pre and post surgery Investigation reports/scans
<input type="checkbox"/>	Scan of original Policy copy
<input type="checkbox"/>	Consultation papers of the surgeon advising for the surgery
<input type="checkbox"/>	AML Documents - Pan Card Copy, Residence Proof, 2 Passport size color photos of claimant
<input type="checkbox"/>	Cancel Cheque and NEFT Mandate form - duly filled in by the claimant/insured
<input type="checkbox"/>	Any other document required for assessing the claim
<input type="checkbox"/>	All past hospitalisation, consultation or treatment details document.
<input type="checkbox"/>	Copies of Indoor case papers from the hospitals

Claim documents required for Section D – Personal Accident Section

Benefit 4 – Accidental Death Benefit

<input type="checkbox"/>	Duly filled claim form by the claimant
<input type="checkbox"/>	Scan of original policy copy
<input type="checkbox"/>	MLC / FIR
<input type="checkbox"/>	Cause of Death Certificate
<input type="checkbox"/>	Death Certificate issued by the Government Authority
<input type="checkbox"/>	Post Mortem Report
<input type="checkbox"/>	Viscera / Chemical Analysis / Forensic Report
<input type="checkbox"/>	Police Final Charge sheet / Court Final Order
<input type="checkbox"/>	Spot Inquest / Panchnama
<input type="checkbox"/>	RACT award in case of rail accident

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	Indoor Case Papers
	AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant
	Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Benefit 5 – Permanent Total Disability (PTD) Benefit

	Duly filled claim form by the claimant
	Scan of original policy copy
	MLC / FIR
	Police Final Charge sheet / Court Final Order
	Spot Inquest / Panchnama
	Indoor Case Papers
	Disability Certificate by Civil Surgeon / Government Hospital
	Certificate from treating Medical Practitioner
	RACT award in case of rail accident
	Hospitalisation records and Discharge summary(wherever applicable)
	AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant
	Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Benefit 6 - Permanent Partial Disability (PPPD) Benefit

	Duly filled claim form by the claimant
	Scan of original policy copy
	MLC or FIR
	Police Final Charge sheet / Court Final Order
	Spot Inquest / Panchnama
	Indoor Case Papers
	Disability Certificate by Civil Surgeon / Government Hospital
	Certificate from treating Medical Practitioner
	AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant
	Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Benefit 7 - Temporary Total Disability (TTD) Benefit

	Duly filled claim form by the claimant
	Scan of original policy copy
	MLC or FIR
	Certificate from treating Medical Practitioner
	Fitness Certificate
	Indoor Case Papers
	Leave certificate from the employer
	AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant

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Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Benefit 8 – Mysterious Disappearance Benefit

- Duly filled claim form by the claimant
- Scan of original policy copy
- MLC or FIR
- Police Final Charge sheet / Court Final Order
- Spot Inquest / Panchnama
- Proof of Travel
- Police Final Report confirming the disappearance
- AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant
- Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Claim documents required for Section D Benefit 9– Hospital Daily Cash Benefit

- Duly filled claim form by the insured or claimant
- Hospital discharge summary
- In patient detailed bill
- MLC/ FIR/Post mortem in case of an accidental injury
- Past consultation papers
- AML Documents - Pan Card Copy, Residence Proof, 2 Passport size color photos of claimant
- Cancel Cheque and NEFT Mandate form - duly filled in by the claimant/insured
- Any other document required for assessing the claim

In addition to above documents, We reserve the right to call for any additional documents we may reasonably require in order to assess the admissibility and veracity of the claim.

PART- IV: NEFT Details

Please provide any one of the below documents of the claimant or Insured Person’s whose name has been explicitly stated in the Policy Certificate:

- Self-attested copy of a valid Identity proof of the claimant/Insured Person’s (provide any of the mentioned documents in Proof of Identity under Part-V)
- Cancelled cheque copy Bank attested copy of Passbook with IFSC code - For Refunds ,Copy of Passbook with IFSC Code, Account Number, Bank Logo and Account holder Name if cancelled cheque does not contain accountholder name

Please provide below details (All fields are mandatory)

- Claimant /Insured Person’s name(as per bank records:

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- Claimant /Insured Person’s bank account no.:
- Name of the bank:
- Branch name:
- Address of the bank:
- IFSC code no. of the bank: (should be same as per the provided cheque leaflet)

*Nominee’s bank account details are required in case of a death claim.

Terms and Conditions for payments through RTGS/NEFT

1. The details provided by the claimant / Insured Person in the Mandate Form provided by us 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 claimant / Insured Person 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 claimant / Insured Person agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the claimant / Insured Person bank account 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 claimant / Insured Person 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 claimant/ Insured Person 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 notice of, such termination should be given to ICICI Lombard General Insurance Company Ltd. 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 claimant/ Insured Person will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the claimant/ Insured Person construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard General Insurance Company Ltd. to the claimant/ Insured Person stating the date of receipt of such communication by the claimant/ Insured Person.
7. The claimant/ Insured Person agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the claimant/ Insured Person's bank, shall be borne by the claimant/ Insured Person only
8. ICICI Lombard General Insurance Company Ltd. has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour 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 claimant/ Insured Person 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 ICICI Lombard General Insurance Company Ltd..
- 10. Notices under these Terms and Conditions may be given in writing by delivering them by hand, or e-mail, or displaying them on ICICI Lombard General Insurance Company Ltd. Website "www.icicilombard.com", or by sending them by post to the last address of the claimant/ Insured Person.
- 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.

Claimant/Insured Person Declaration:

- 12. I/we 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 my/our knowledge 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 claimant/ Insured Person.

Place:

Date:

Signature _____

PART - V: KYC (KNOW YOUR CUSTOMER)

Claimant/Insured Person's Name: (in respect of whom claim is made)

Policy Number:

Claim Number (if allotted):

Mobile/ Contact No.:

PAN No.:

The below KYC documents are mandatory as per Our internal guidelines, and AML guidelines issued by the IRDAI:

- Two passport size photos of Insured Person/claimant (stick in the space provided below)
- One photocopy of proof of identity of Insured Person/claimant (any 1 in the below list)
 - Passport
 - PAN card
 - Voter's Identity card
 - Driving license
 - Personal identification and certification of the employees of the insurer for identity of the prospective Policyholder
 - Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number
 - Job card issued by NREGA duly signed by an officer of the State Government
 - Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(c) of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer
- One photocopy of proof of residence of Insured Person/claimant (any 1 in the below list)
 - Electricity bill
 - Ration card
 - Letter from any recognized public authority
 - Current statement of bank account with details of permanent/ present residence address (as downloaded)
 - Current passbook with details of permanent/present residence address (updated upto the previous month)
 - Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof.
 - Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract
 - Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

Claimant/Insured Person Declaration:

I hereby agree, affirm and declare that:

- a) The statements/Information stated by me/us in the claim form are true, correct and complete.
- b) No material information which is relevant to the processing of claim on which in any matter has been withheld or not disclosed.
- c) I authorise ICICI Lombard General Insurance Company Ltd. to collect on my behalf any medical information from concerned Hospital authorities such as indoor case papers, viscera reports, investigation reports etc, or any other information such as FIR/ death certificate etc from any other institutions relevant to this claim.

- d) If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in 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.
- e) The receipt of this claim form/ other supporting/ related document does not constitute or be deemed to constitute an agreement by ICICI Lombard General Insurance Company Ltd. of the claim and ICICI Lombard General Insurance Company Ltd. reserves the rights to process or reject or require further/additional information in respect of any claim.
- f) The policy shall become void at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particularly in the claim form/personal statement, declaration and connected documents, or any material information or having been withheld by the Insured Person or any one acting on his behalf.

Name of the Insured Person/claimant/Nominee:

Relation with the Insured Person:

Place:

Date:

Signature _____

Mailing Address: ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad-500032 Visit Us at: www.icicilombard.com • E-Mail Us at: ihealthcare@icicilombard.com • Toll Free Number: 1800 2666. • CIN No. [_____] • IRDA Registration No. 115