ICICI Lombard
Nibhaye Vaade

ICICI Lombard Health Care Claim Form - Hospitalisation

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

ICICI Lombard Health Care

Do You Know

★ Non-submission of original bills and receipts is the main reason for delay in claim settlements. Please provide the originals & mandatory documents
★ To receive update on your claim status, provide your mobile no. & E-mail ID
★ You can track your claim by downloading ILTake Care App or by visiting are website at www.icicilombard.com →Claims →Health Claims → Services→Track your claims

Part - A (To be filled by Insured)

TO BE FILLED IN CAPITAL LETTERS ONLY

A1. Type of Claim : Main Hospitalisation Expenses ☐ Pre & Post Hospitalisation Expenses ☑ Cashless Obtained: Yes ☑ No ☐

A2. Details of the Insured person in respect of whom claim is made: (patient details)

Name of the Patient: ANITA KUMARI
Card No./ UHID of the Patient: IL22265190603
Gender: Male ☐ Female ☑ Transgender ☐ Date of Birth: 10/03/1971 Completed age: Years 53 Months 04
Occupation: Service ☐ Self Employed ☐ Homemaker ☑ Student ☐ Retired ☐ Other ☐ (Please specify)
Are you previously covered by any other Mediclaim/ Health Insurance: Yes ☐ No ☑. If yes, Company name:
Current residential address: B-38 MITRAMANDAL COLONY SAKET VIHAR ANISHABAD PATNA
City: PATNA
State: BIHAR Pin code: 800002
Mobile no. 8789091992 Landline no.
E-mail: ABHISHEKSINGH4312@GMAIL.COM

Covid Vaccination Status: Yes ☑ No ☐ **Name of the Vaccination** Covishield ☑ Covaxin ☐ Sputnik ☐ Others ☐ _____
Dosage of Vaccination: 1st Dose ☐ 2nd Dose ☑

A3. For **Group/ Corporate** Policy
Member ID No./ Employee ID (Client ID): 305368
Group/ Company name: BOEING INDIA PVT LTD

For **Individual/ Retail** Policy (*Mandatory)
*Claim Intimation Service Request no.:
Is this a renewal policy: Yes ☐ No ☐
If Yes, kindly mention your previous policy no.:

A4. Name of the Proposer/Employee: ABHISHEK KUMAR SINGH
Relationship with Proposer*: SON (*Policy Holder. For Retail policy, Proposer name required. For Corporate policy, provide Employee name)
Current Policy No.: 4016/X/219840690720/ Card No./ UHID: IL22265190600

A5. Diagnosis as per discharge summary: HYPERCALCIMIA 04/000 AND LYMPHNODE ENLARGMENT
Name of hospital where admitted: RUBAN MEMORIAL HOSPITAL PATNA
Room category occupied: Day care ☐ Single occupancy ☑ Twin sharing ☐ 3 or more beds per room ☐ Others
Date of Admission: 15/07/2024 Time: 12:50 Date of Discharge: 24/07/2024 Time: 11:23
Date of injury sustained or disease/ Illness first detected: 14/06/2024
If Injury, give cause: Self inflicted ☐ Road traffic accident ☐ Substance abuse/ Alcohol consumption ☐ Others
If Medico legal: Yes ☐ No ☐ Reported to police: Yes ☐ No ☐ MLC Report & Police FIR attached: Yes ☐ No ☐ (If yes, attach report)
System of Medicine: ☑ Allopathy ☐ AYUSH
Is there any another claim in any of our policies towards the above incident? Yes ☐ No ☐. If yes, provide AL/Claim No.

A6. Are you covered under any Topup/Additional policy : Yes ☑ No ☐ If yes, provide policy no. 4016/X/221407019/03/00

A7. Currently covered by any other Mediclaim/ Health Insurance: NO Date of commencement of first Insurance without break: DD/MM/YYYY
Have you been hospitalized in the last 4 years since inception of contract: ☐ ☐ Date: DD/MM/YYYY Dignosis:
Have you lodged any claim against this particular admission date/ attached bills with any other Insurance company: If yes, attach settlement letter,
Company name: Policy No. Sum Insured: ₹

A8. Details of Claim

a) Details of the treatment expenses claimed 15260
i. Pre-hospitalization expenses: ₹ 45952
ii. Hospitalization expenses: ₹
iii. Post-hospitalization expenses: ₹ 45952
iv. Health-check up cost: ₹
v. Ambulance charges: ₹
vi. Others _____: ₹
Total: ₹ 612124
vii. Pre-hospitalization period 30 Days
viii. Post-hospitalization period: 60 Days

b) Claim for
i. Domiciliary Hospitalization: Yes ☐ No ☐ ii. Day care: Yes ☐ No ☐ iii. Extended care/ Inpatient rehabilitation: Yes ☐ No ☐

c) Details of Lump Sum/ Cash Benefit claimed:

i. Hospital daily cash: ₹ _____ ii. Maternity: ₹ _____

iii. Critical illness/PA/Donor Expenses: ₹ _____ iv. Convalescence: ₹ _____

v. Pre/ Post hospitalization lump sum benefit: ₹ _____ vi. Others: ₹ _____

A9. Details of the amount claimed

Bill heads (as applicable)	**Bill number**	**Bill date**	**Bills attached**	**Amount**
Room rent				₹
Doctors consultation/ Visit charges				₹
Investigation charges (Includes Radiology and Pathology reports)				₹
Surgeon and Asst. surgeon charges				₹
Anesthetist charges & Operation theatre charges				₹
Equipment charges/ Procedure charges				₹
Cost of implant (If any)				₹
Medicine charges & Pharmacy charges				₹
Taxes/Surcharges/Service				₹
Discount provided by Hospital/Miscellaneous charges				₹
Other TPA/Insurance settled amount				₹
Pre hospitalization bills & Post hospitalization bills (If any)				₹ 6,12,12
Total claimed amount (In ₹) (Total claimed amount should be equal to the amount in attached bill documents)				₹ 6,12,12

Mandatory: All claim settlements should be made through NEFT(AS per regulatory norms) Please provide your bank account details along with Copy of cancelled cheque/Copy of passbook or bank statement with Payee/account holders name and IFSC code.)

A10. In support of the above claim, I enclose following documents in original (Please indicate by ticking in the **Yes/ No** column below)

Type of Document(s) - *Mandatory	**Yes**	**No**	**Type of Document(s) - As Applicable**	**Yes**	**No**
1. Claim form duly filled and signed*	✓		9. ICICI Lombard GIC Authorisation Letter		
2. Cancelled cheque (for bank account details)	✓		10. Implant name and invoice (if any) with implant sticker		
3. Discharge summary*	✓		11. Indoor Case Papers		
4. Hospital bills, Final/ Main hospital bill and other bills (if any)*	✓		12. Prescription papers/ Consultation papers		
5. Hospital payment receipt & other receipts supporting bills*	✓		13. C-KYC FORM (Only for Retail/Individual customers, claiming > ₹ 1Lakh)		
6. Investigation reports* (Including ECG/ CT/ MRI/ USG/ HPE)	✓		14. Others (details) _____		
7. Medicine/ Pharmacy bills with doctors prescription*	✓				
8. Age proof (Driving License/ PAN card/ Passport)					

Kindly **do not** furnish **Aadhaar card** and send any other document for id proof

Please attach all the documents as per above serial number. Films like x-ray film, CT Scan film, MRI Scan film, etc. are not required. Provide reports only

A11.Please provide the reason for delay in submitting the documents (Post 30 days from Date of Discharge)

Declaration by the Insured:

I hereby declare that the information furnished in this claim form is true and correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent and authorize TPA/ insurance company, to seek necessary medical information/ documents from any hospital/ Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills/ receipts for the purpose of this claim and that I will not be making any supplementary claim except the pre/ post-hospitalization claim, if any. I hereby give my consent to the Company to verify my identity through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Date: 04/08/2024 Place: PATNA Insured's Signature: Abhishek Singh

क्लेम फॉर्म हिन्दी के लिए कृपया हमारी वेबसाइट पर जाँच कीजिए : www.icicilombard.com

Claim documents to be dispatched to: ICICI Lombard Healthcare, Varun Tower II, 1st, 4th, 5th & 6th Floor, Begumpet, Hyderabad, Telangana, Pincode – 500016.

In case the policy is serviced by external TPA, please dispatch the claim documents to respective TPAs.

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Part - C - NEFT Form
(For Direct Electronic Fund Transfer)

Mandatory: All claim settlements should be made through NEFT(as per regulatory norms) Please provide your bank account details along with Copy of cancelled cheque/Copy of passbook or bank statement with Payee/account holders name and IFSC code.)

C1. Patient's Name: ANITA KUMARI
(in respect of whom claim is made):

C2. Policy Number: 4016/X/198469072/04/000

C3. Card No./ UHID No. IL2226519060 3

C4. Group/Company Name (for Group/Corporate policy holders): BOEING INDIA PVT LTD

C5. Claim Number (if allotted): _____ **C6. Mobile/ Contact No.:** 8789091992

C7. Email: ABHISHEKSINGH4312@GMAIL-COM

C8. As per IRDA Circular No.: IRDA/F&A/CIR/GLD/056/02/2014, Proposer's/ Policy holder's bank account details are mandatory to process the claim through EFT.

Please provide below documents of Proposer/ Policy holder-

- ☐ Please provide a self-attested copy of a valid Identity proof of the Proposer/Policy holder (provide any of the mentioned documents in Proof of Identity under Part-D)
- ☐ Cancelled cheque copy/ Bank attested copy of Passbook with IFSC code

C9. Please provide the below details (all fields are compulsory)

- Proposer (Policy holder)/ Employee name*(as per bank records): ABHISHEK KUMAR SINGH
- Proposer/ Policy holder Bank account no.: 50100172018364
- Name of the bank: HDFC BANK
- Branch name: GN CHETTY ROAD CHENNAI
- Address of the bank: GN CHETTY ROAD CHENNAI TNAGAR
- IFSC code no. of the bank: HDFC0000206 (should be same as per the provided cheque leaflet)
- PAN No. of the Proposer: EQXPS0830M

***Proposer/ Policy holder is the person who has paid premium for the policy.**

For Retail policy, Name & Account details of Proposer required. For Corporate policy, Employee Name & Account details required.

Terms and Conditions for Payments through RTGS/ NEFT

1. The details provided by the Proposers/ policy holder 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 Proposer(s)/ policy holder 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 Proposer/ policy holder agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Proposer/ policy holder Accounts No. 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 Proposer/ policy holder 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 Proposer/ policy holder 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 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 Proposer/ policy holder will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Proposer/ policy holder construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Proposer/ policy holder stating the date of receipt of such communication by the Proposer/ policy holder.
7. The Proposer/ policy holder agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Proposer's/ policy holder's bank, shall be borne by the Proposer/ policy holder only.
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 Proposer/ policy holder 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 Proposer/ policy holder.
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 Proposer/ policy holder 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 Proposer/ policy holder.

Abhishek Singh

Account Holder's Signature