

Insurance Nomination Form (Mandatory)

Beneficiary Information

Please nominate the beneficiary to your Accident Insurance by filling up this Form, detach and return this to ICICI Lombard General Insurance Company Ltd.

I, _____ do hereby assign the monies payable by ICICI Lombard General Insurance Company in the event of my death to, _____
(Name of the person)

my _____
(Relationship to the insured)

who is the son/daughter of _____
residing at _____

I further declare that his/her receipt shall be sufficient discharge to the Company.

Name of Cardmember: _____

Date of Birth: _____ (in DD/MM/YYYY)

Signature of Cardmember

Dated this _____ day of _____ 20 _____ at _____

Witness: _____

Signature:

Date: _____

Name: _____

Address: _____

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Witness:

Signature: _____ Date: _____

Name: _____

Address: _____

Date of Birth: _____ (in DD/MM/YYYY)

Signature of Cardmember

Dated this _____ day of _____ 20_____ at _____

Please complete and return this Form to:

Vanitha R

ICICI LOMBARD HEALTHCARE

ICICI BANK TOWER, PLOT NO. 12

FINANCIAL DISTRICT, NANAKRAM GUDA,

GACHIBOWLI, HYDERABAD

ANDHRA PRADESH

PIN CODE: 500032



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