

CLAIM FORM: GROUP SAFEGUARD INSURANCE

UIN No. [ICIPAGP18102V011718]

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.: 4148/205556116/00

Name of the Policyholder: SURYA KANT KUMAR

Name of the Insured Person: SURYA KANT KUMAR

Date of birth: 12/10/1987

Gender: Male ☒ Female ☐

Aadhaar Card No. of Insured Person: 4359 2838 8622

B. Claimant Details:

Name of claimant: _____

(Please ignore if Insured Person is claimant)

Relationship of claimant with Insured Person: SELF

Address for communication: 203, HARIVILLA HOUSE

NR.- SANSKAR BHAWAN HALL, NARANPURA GAM

NARANPURA, AHMEDABAD

Contact Details: Mob. 9328555587 / Res. No. _____

Email Id: SURYAKANT.KUMAR4987@GMAIL.COM

Aadhaar Card No. of claimant: 4359 2838 8622

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 policy is linked to an underlying loan)

LAN No.: _____

Loan disbursed amount: _____

Policy assigned: Yes ☐ No ☐ If yes, please mention the name of financial institution

PART- II: Claim Details

Loss Details

Claim No. (If claim has already been registered with ICICI Lombard Health Care): BAFD042968036

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:

- 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 (To be filled by Insured Person/claimant/ Hospital authorities):
Wherever applicable**

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

Name of the Hospital: SHUSHILABEN HOSPITAL & MATERNITY HOME
Address of the Hospital: 2ND FLOOR, SAHAJANAND ARCADE, SARASPUR
Name of treating Medical Practitioner: DR. VINOD GUPTA
Nature of Injury/Illness: MALARIA
Particulars of treatment: MALARIA

Date and time of admission: 20/10/2020 Time: 10:15 AM/PM ✓

Date and time of discharge: 25/10/2020 Time: 9:00 AM/PM ✓

Number of days in ICU (if any): - No -

Maternal Complication (if any): - No -

Reasons for admission: Medical ☒ Accidental ☐

In case of admission due to Accident: Was any MLC done: Yes ☐ No ☐

In case of death: Was any post mortem done: Yes ☐ No ☐

Was Insured Person suffering from any Pre-Existing Disease? No

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

Surya Kant Kumar

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 account holder name

Please provide below details (All fields are mandatory)

- Claimant /Insured Person's name(as per bank records):
SURYA KANT KUMAR
- Claimant /Insured Person's bank account no.: 3545772630
- Name of the bank: KOTAK MAHINDRA BANK

- Branch name: SHIVAJI YASH-9, RING ROAD
- Address of the bank: RING ROAD, AHMEDABAD
- IFSC code no. of the bank: KKBK0000838 (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: AHMEDABAD

Date: 17/11/2020

Signature: Surya Kant Kumar

PART - V: KYC (KNOW YOUR CUSTOMER)

KYC required if claim amount is greater than 1 lakh

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 up to 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:

- The statements/Information stated by me/us in the claim form are true, correct and complete.
- No material information which is relevant to the processing of claim on which in any matter has been withheld or not disclosed.
- 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.
- 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.
- 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.
- 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: SURYA KANT KUMAR

Relation with the Insured Person: SELF

Place: AHMEDABAD

Date: 17/11/2020

Signature: Surya Kant Kumar

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