

CLAIM FORM FOR COMPLETE HOME PROTECT POLICY
Notification of Physical Loss or Damage
(The issue of this form is not to be taken as an Admission of Liability)
PLEASE ANSWER ALL QUESTIONS FULLY

POLICY No. -

1.	DETAILS OF INSURED			
(i)	Name			
(ii)	Address for correspondence			
(iii)	Contact Number.			
(iv)	Name and Address of Mortgagee(s) or other persons having financial interest in the property.			
2.	DETAILS OF OTHER INSURANCE			
	Name of Insurer	Policy No. (s).	Sum Insured Rs.	Period
				From To
<p>N.B. If Insurance is effected with other Companies, copies of such Policies to be attached.</p> <p>Are you or any of the proposed applicants a PEP* or Family member/Close relatives/Associates of PEP*? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details (Nature of relationship and position held by PEP): _____</p> <p><small>*Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States / Government, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations and important political party officials.</small></p>				
3.	DETAILS OF LOSS			
a)	Time & Date of Loss	a)		
b)	Cause of Loss	b)		
c)	Item of Policy affected (give description)	c)		
d)	Occupation of the premises at the time of Loss	d)		
e)	Has the Fire / Loss been reported to Fire Brigade? (If not, give reasons)	e)		
f)	Has the Fire / Loss been reported to Police? (If not, give reasons)	f)		
	Personal Accident:			
a)	Name of the Person Injured/Died	a)		
b)	Place of injury/ death	b)		
c)	Details of the accident	c)		
d)	Whether reported to Police.	d)		
e)	If yes then name and address of Police Station.	e)		
f)	Was the injured /deceased person moved to hospital	f)		
g)	immediately after the accident?	g)		

h)	If yes , Name & address of the hospital	h)
a) b) c) d)	<p>Additional Living Expense: What is the period of which property remained unfit for occupation?</p> <p>What is the Additional Living Expenses paid by the insured as a consequence of loss?</p> <p>Did you seek accommodation in a hotel? If yes, please specify the name of the hotel, number of days and the amount paid per day.</p> <p>Did you pay brokerage for the alternate accommodation? If yes, please specify the amount incurred and address of the alternate accommodation.</p>	a) b)
a) b) c) d) e) f) g) h)	<p>Burglary and/or theft claim:</p> <p>Which portion of the Dwelling effected by the entry/exit? Has a complaint been lodged with the police? If so, by whom and when and at which police station? Attach copy of FIR</p> <p>Was the property occupied at the time of loss? (a) If not, on what date and at what hour were they last occupied? (b) For how long have the property been unoccupied?</p> <p>Is anybody suspected of theft? If so, state full details.</p> <p>Is the Insured the sole owner of (a) The Property lost or damaged? (b) if no, the Property belongs to whom ? (c) Is the Insured responsible for repairs to the Property?</p> <p>State the total value of /item (s) in the Dwelling at the time of loss.</p> <p>Value and description of Contents lost, to be given In the Annexure I.</p> <p>Any other relevant information.</p>	

	<p>Loss of Cash whilst in transit claim:</p> <ul style="list-style-type: none">a) Date & Time when loss was discoveredb) Places between which money was in transitc) How & where did the loss occur?d) What was the amount carried?e) In whose custody was the money at the time of loss?f) How was the money carried?g) Means of transporth) Any other relevant information	
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<p>a) b) c) d) e) f) g)</p>	<p>Personal Liability Claim: Particulars of consequences of the accident: Details of loss / injury / death /damage Number of victims Give name/s, address/es and occupation/s of such person/s State where such person were at the time of Accident Have the injured persons been removed to hospital or medically attended? If so, give particulars Has the Accident caused damage to property? (i) If so, give name/s and address/es of the owner/s of the property and full description of the property and state the nature and extent of damage. (ii) Has any person made any claim upon you? If so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted). (iii) Estimated quantum of liability under (3) and (7) above</p>	
	<p>What is amount of loss of item to the lawn and its belongings?</p>	
<p>a) b) c)</p>	<p>Recreational Bicycle Claim: Details of loss: Particulars pertaining to the accident: Has the Accident caused damage to property? (i) If so, give name/s and address/es of the owner/s of the property and full description of the property and state the nature and extent of damage. (ii) Has any person made any claim upon you? If so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted). (iii) Estimated quantum of liability under (3) and (7) above</p>	
	<p>Pet Claim:</p> <ul style="list-style-type: none"> • About your Pet • Your Pet's condition(Filled by the vet) • Previous Veterinary practices • In case of third party liability- give name/s and address/es of the owner/s of the property and full description of the property and state the nature and extent of damage. <p>Has any person made any claim upon you? If so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted).</p> <p>Estimated quantum of liability</p>	
<p>a) b) c) d)</p>	<p>Mechanical/electrical appliances Breakdown Claim: Date of Breakdown Details of the event of loss: Age of the appliance(s): Value and description of appliances(s), to be given In the</p>	

	Annexure	
a)	<p>Lock and Key Replacement</p> <p>Is the keys to your premise or for the vehicle used to personal purpose lost/ stolen? If yes, please mention the date of loss along with a brief description.</p> <p>b)</p> <p>If a) is answered yes,</p> <ul style="list-style-type: none"> • please mention the reasonable expense incurred by You for obtaining a locksmith? • In case of vehicle keys, were they unobtainable continually for a period of 24 hours? (Yes/No) • If the above question is answered yes, please mention the reasonable expense incurred by You for getting a rental car 	
a)	<p>Fine Art and Valuables:</p> <p>Has a complaint been lodged with the police? If so, by whom and when and at which police station?</p> <p>b)</p> <p>Attach copy of FIR</p> <p>Was the property occupied at the time of loss?</p> <p>(a) If not, on what date and at what hour were they last occupied?</p> <p>c)</p> <p>(b) For how long have the property been unoccupied?</p> <p>d)</p> <p>Is anybody suspected of theft? If so, state full details.</p> <p>Is the Insured the sole owner of</p> <p>(a) The Property lost or damaged?</p> <p>(b) if no, the Property belongs to whom ?</p> <p>e)</p> <p>(c) Is the Insured responsible for repairs to the Property?</p> <p>State the total value of /item (s) in the Dwelling at the time of loss.</p>	a) b)
a)	<p>Loss of Documents</p> <p>Please mention the document lost and brief description of the loss</p>	
	<p>Do you want to permanently relocate and abandon the Premise to Us , including vesting Us all rights Your appurtenant thereto including the right to Reconstruct?</p>	
	<p>Address of the Dwelling at which loss occurred.</p>	

4.	Address where the loss can be inspected	
5.	Extent of Loss (as more particularly described in the statement overleaf)	
6	Any additional information relevant to processing of claim.	

Annexure I:

S No	Description of item*	Value (INR)
1	-	-
2	-	-
3		
4		
5		
6		
7		
8		
9		
10	-	-

Claim Clause/ Settlement of Claim:

1) Claim Intimation: Connect with us via: Toll-free no.: 1800 2666, Email ID: customersupport@icicilombard.com, on our website: <https://coclaims.icicilombard.com/claimstracker/CommercialClaims/ccplandingpage.aspx>.

Register the claim and submit claim related documents along with claim form. You will receive a claim reference number as your reference point for future correspondence.

2) File an FIR: In case of third-party property damage/bodily injury, fire etc. if applicable as per policy terms and conditions.

3) Surveyor Appointment: Your Claims Manager (CSM) will contact you and appoint a licensed surveyor basis claim eligibility within 24 hours of reporting the claim

4) Submit Documents: submit documents to the assigned CSM/Surveyor. Below list of required documents List of documents which are necessary and relevant to the claim are as below:

1. Claim bill / Claim Form duly filled up
2. Photographs / Video of damaged property/item under claim

3. Document/s in support of admissibility of the claim, for instance, Service Engineer's Report, Fire Brigade Report, etc.
4. FIR / Final Police investigation report wherever applicable
5. For items which are to be repaired or reinstated, repair/ replacement quotation, invoice and payment proofs for each and every item as claimed.
6. For items which are under claim & not to be repaired or reinstated, documents substantiating the quantum & value of the items under claim
7. Offer for retention of salvage, if any
8. KYC / NEFT Details as per AML guidelines
9. Invoice copy / Goods Receipt Note / Monetary Claim on carrier / Damage Certificate
10. Any other document which may be specified by the surveyor post completion of initial survey

5) Assessment Approval: Repair/Replacement details submitted in support of the claim will be assessed and approved by CSM/surveyor

6) Salvage: The amount that is assessed which the damaged asset will fetch in the open market (wherever applicable).

7) Turnaround Time (TAT): Assessment sheet /Survey report will be furnished within 15 days of receipt of all relevant information/documents and all queries of the surveyors being concluded. Claim will be decided within 7 days of receipt of the assessment sheet / survey report (This condition will not apply in case of policies issued on the property/building on reinstatement value basis).

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct 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 (or 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 or 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 thereunder 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 require further/additional information in respect of the claim.

- f. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of.

Place:

Date:

Signature of the Claimant

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

CIN: L67200MH2000PLC129408

UIN : IRDAN115RP0013V02202122

Complete Home Protect Policy

Mailing Address:

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com