

CLAIM FORM FOR SECURE MIND POLICY

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given. They may be forwarded to the Company afterwards, as soon as possible.
3. The Policy shall become voidable 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 having been withheld by the insured or any one acting on his behalf.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the claim form.
5. On receipt of the claim form, communication for claim documents would be sent depend-ing upon the nature of insured event for which the claim has been lodged

NOTE

- The issue of this form is not to be construed as an Admission of Liability.
- Please attach the photocopy (Xerox) of the policy document
- Please send the claim form to:
Secure Mind Claims
ICICI Lombard GIC Ltd, ICICI Bank Tower,
Plot No. 12, Financial District,
Nanakramguda, Gachibowli,
Hyderabad, Andhra Pradesh - 500032.

DETAILS OF THE POLICY

Policy No. :

Period of Insurance :

DETAILS OF INSURED

1. Name of the Insured:

2. Address of the Insured:

3. Date of Birth :

4. Whether Self Employed / Salaried :

LOAN DETAILS

5. Name of the Financier:

6. Loan Account No :

7. Sanctioned / Disbursed loan amount as on policy inception date :

8. Outstanding Loan Principal Amount :

9. Original Tenure of the Loan :

10. Type of Loan (Home/ Auto/ Personal/ Others) :

11. EMI amount payable on the Loan :

12. EMI due date :

13. Any overdue payment of EMI:

CLAIM DETAILS

14. Nature of Insured Event: (Please tick the relevant box)

☐ (i) Unemployment on account of (please describe):

Name and address of the organization where last employed

Designation :

Nature of Job

Date of Termination/Retrenchment/ Separation : DD MM YYYY

☐ (ii) Death due to accident

Date of Accident : DD MM YYYY

Brief Narration of the Cause of accident:

Place of accident :

☐ (iii) Permanent Total Disability due to Accident

Date of Accident : DD MM YYYY

Brief Narration of the Cause of accident:

Place of accident :

☐ (iv) Major Medical Illness or Procedure :

a) Date of Diagnosis of Major Medical Illness or undergoing of surgery

b) Please select the type of Major Medical Illness suffered or surgery undergone from the list below

- ☐ Cancer
- ☐ End Stage Renal Failure
- ☐ Major Organ Transplant
- ☐ Stroke
- ☐ Paralysis
- ☐ Heart Valve Replacement Surgery
- ☐ Multiple Sclerosis
- ☐ Coronary Artery By Pass Graft Surgery
- ☐ Heart Attack (Myocardial Infraction)
- ☐ End Stage Liver Disease

Name of the treating doctor :

Contact details of the treating doctor :

Declaration

I 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) No material information which is relevant to the processing of the claim or which in any man-ner has a bearing on the claim has been withheld or not disclosed.
- (c) If I have given/made any false or fraudulent statement/information, or suppressed or con-cealed or in any manner failed to disclose material information, the policy shall be void and that I shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- (d) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company to pay the claim and the Company re-serves the right to process or reject or call for further/additional information in respect of the claim.
- (e) As per the policy terms and conditions, the Company reserves its right to have the Insured ex-aminied by any doctor at any hospital/ diagnostic centre or clinic appointed by it for verification of diagnosis/illness/ailment/procedure or disablement

I / We hereby declare that the particulars made by the insured person/claimant in the claim form are true to the best of my/our knowledge and belief. I also authorize ICICI Lombard General Insurance Company to seek any medical information, document/report from any Medical Practitioner/Hospital or any other body/organization who has at any time attended/treated the insured for whom the claim is being lodged.

Name of Claimant :

Address for correspondence :

Phone No : Signature of Claimant :

Email Address :

Date : Place :

Direct Fund Transfer/EFT Mandate Form

A) Would you like to opt for Electronic Fund Transfer as mode of payment ? A) Yes ☐ B) No ☐

B) If yes, kindly provide the below mentioned details :

• Payee Name (as per bank records):

• Payee Account No.:

• Type of Account: ☐ Savings ☐ Current ☐ Others (specify):

• Name of the Bank :

• Branch Name :

• Address of the Bank :

• IFSC Code No. of the Bank:

• MICR Code No. of the Bank:

• Permanent Account Number (PAN) of Payee :

1) Please attach an Original Blank Cancelled Cheque signed by the Payee.	Mandatory <input type="checkbox"/>
2) Please attach a PAN Card copy of Payee	Mandatory <input type="checkbox"/>

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers 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 Customer(s) 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 Customer agrees that under the RTGS/NEFT facility, there may be a risk of non-payment in the Account of Customer 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 Customer 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 Customer 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 date of notice for ICICI Lombard will be the date of receipt of such notice by ICICI Lombard. 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 Customer will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS/NEFT facility may attract inward RTGS/NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions 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 Customer 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 Customer.
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 Customer 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 Customer.



Signature of the Account Holder



Regd. Office: ICICI Bank Towers, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051
Corp. Office: ICICI Lombard GIC Ltd, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai-400025.
Visit us at www.icicilombard.com Mail us at ihealthcare@icicilombard.com
Now One Number for all your Insurance needs 1800 2666 (Toll Free also accessible from your mobile)