

(iii) Residential Address :

3. Details of occupation

(i) What is the occupation in which the injured person is employed?
(ii) Was the injured person engaged in this occupation when the accident occurred? Yes No
(iii) If not state fully the nature of the work he was doing at the time of the accident?

4. Details of employment

(i) Is the injured person in your direct employment? Yes No
(ii) If not give name and address of Contractor?
(iii) When did the injured person enter your service? Date : / /

5. Details of the Accident

(i) Date and time of accident Date / / Time : :
(ii) Place of accident
(iii) Give brief description of the accident

(iv) Was the claimant at the time of accident in the course of employment. If yes, state details. Yes No
(v) Was the injured person under the influence of alcohol or other intoxicant the time of the accident? Yes No
(vi) Was he guilty of any misconduct or disobedience to orders / rules, due to which incident occurred? If so, please give full particulars. Yes No

(vii) Are you satisfied that the injured person has met with a bonafide accident of employment? Yes No

6. Details of Injury

(i) Give a brief description of injury?

(ii) What is the % of disability if any?
Attach a certificate of doctor confirming disability? %
(iii) What is the probable period of the disablement? Days

7. Details of Hospital

(i) Has the injured person been removed to hospital or medically attended? Yes No
(ii) If yes, give name and address of hospital attending to injured person?

(iii) Date of admission in hospital Date : / /

(iv) Date of discharge from hospital. Date : / /

8. (i) Whether injured person has returned to work? Yes No

(ii) If yes, then the date of return and no. of days of absence? Date / / Days

9. Court Procedure

(i) Has any case been filed in any court of law/tribunal against you, in relation to the accident? Yes No

(ii) Have any notices / summons of the court been received by you? If yes, please provide copies of the same. Yes No

(iii) Date and time of receipt of notice/summons from the authorities Date : / /

Time : :

(iv) What is the present status of the proceedings? Also give the next date of hearing.

(v) Provide copies of all the documents that have been submitted to the Court either by you or the workmen/claimants, and copies of all the documents received with the notice from the court.

(vi) Has the court passed any interim or final order? If yes, please provide copies of the same. Yes No

(vii) Has the subject matter of the alleged claim/complaint been earlier reported to the Company by an Incident Reporting Form? If yes, please provide date of Incident Reporting Form, and append copy there of Yes No
Date : / /

(viii) If no, kindly submit a duly completed Incident Reporting Form / or set out here the Insured's views/comments on the alleged incident which has resulted in the alleged claim or complaint arising.

(ix) The Insured's proposed response to the alleged claim/complaint?

(x) Does the insured propose to/has already availed of, any legal advise. Yes No

(xi) If Yes, details of the lawyer/law firm together with their opinion.

(xii) If No, the proposed steps by the Insured to evaluate the legal liability risk in the context of its response/proposed response and the facts having bearing on the matter.

10. Miscellaneous

(i) Details of claims if any preferred by the affected party / claimant for the same loss from another source.

(ii) Any other evidence in support of claim.

(iii) Give particulars of any other insurance, in respect of the same risk.

(iv) Give name and address of witness if any?

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Receipt and/or acceptance of the "Consent / Claim Application Form" shall not constitute or deem to constitute an approval for a settlement in terms of this clause and the Company reserves the right not to grant the permission.

Place :

Date : / /

Signature of Insured

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

- 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.
- 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.
- 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.
- 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.
- 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
- 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.
- 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
- 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.
- 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.
- 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.
- 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.
- 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.
- 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

