



CLAIM FORM: ICICI Lombard Criti Shield Plus

UIN No. [ICIHLP22131V012122]

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
- ♦ You can also mail Us on ihealthcare@icicilombard.com
- ♦ To register Your claim on the phone, please dial Our Toll Free Number: 18002666
- ♦ 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.:

Name of the Policyholder:

Name of the Insured Person:

Gender: Male ☐ Female ☐ Transgender ☐ Date of Birth / /

Occupation of Insured

Is this renewal policy: Yes ☐ No ☐ Mention Old Policy Number(Incase of renewal)

Claim Intimation Service Number:

B. CLAIMANT DETAILS:

Name of claimant:

(Please ignore if Insured Person is claimant)

Relationship of claimant with Insured Person:

Address for communication:

City/Town State Pin Code

Contact Details: Mob. / Res. No.

Email Id:

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 & Plan Name	Policy No.	Policy Period	Sum Insured

PART- II: CLAIM DETAILS

Please tick against each of the Benefit under which you are claiming for, as per the relevant Section and Benefits. Also provide additional details specified against each of the Benefits in the table below.

The Insured Person/claimant will be eligible to claim for only those Benefits for which premium has been received by Us and Benefits have been specified in the Policy Certificate provided to You by Us.

Section and Benefit name	Loss Description	Please tick against Benefit being claimed for
Section A	Critical Illness	
Benefit 1	Comprehensive Critical Illness (Please tick against relevant Critical Illness As per Annexure 1)	
Benefit 2	ICU Benefit	
Benefit 3	Cancer Restore Benefit (please mention details for this claim in below table)	

Section and Benefit name	Loss Description	Please tick against Benefit being claimed for
Section B-		
Benefit 4	Major Surgical Procedures (Please tick against the surgery undergone as stated in (ANNEXURE 2)	
Section C	PERSONAL ACCIDENT	
Benefit 5	Accidental Death Benefit:	
Benefit 6	Permanent Total Disablement (PTD) Benefit:	
Benefit 7	Permanent Partial Disablement (PPD) Benefit	

Cancer Restore Benefit:		
Have we paid 100% of Cancer claim earlier:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of diagnosis of major Cancer:	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Initial Cancer claim for which organ		
Relapse claim for which organ		

Annexure 1:

	Major(55)	Please tick against Benefit being claimed for	Minor(37)	Please tick against Benefit being claimed for
Cancer and blood disorders(4/1)				
	Cancer of Specified severity(Major Cancer)		Early stage cancer/Carcinoma - in - Situ	
	Bone Marrow Transplant			
	Aplastic Anaemia			
	Primary Myelofibrosis			
Heart and Blood Vessel (10/11)				
	Takayasu Arteritis		Pulmonary Artery Graft Surgery	
	Refractory Heart Failure		Cardiac Arrhythmia with surgical intervention (Sum Insured capped at 5 lacs)	
	Eisenmenger's Syndrome		Other Serious Coronary Artery Diseases	
	Myocardial Infarction (First Heart Attack Of Specified Severity		Insertion of a Permanent Cardiac Defibrillator	
	Cardiomyopathy of specified severity		Complete Heart Block or Third Degree Heart Block with pacemaker	
	Open Chest CABG		Pericardectomy	
	Open Heart Replacement Or Repair Of Heart Valves		Balloon Valvotomy or Valvuloplasty	
	Surgery Of Aorta		Angioplasty (Sum Insured capped at 5 lacs)	

Annexure 1:

	Major(55)	Please tick against Benefit being claimed for	Minor(37)	Please tick against Benefit being claimed for
	Primary (Idiopathic) Pulmonary Hypertension		Minimally Invasive Surgery to Aorta	
	Infective Endocarditis		Pulmonary embolism	
			Moderately Severe Cardiomyopathy	
Major Organs(14/12)				
	Systemic Lupus Erythematosus With Renal Involvement		Severe Acquired Or Secondary Pulmonary Alveolar Proteinosis (Pap)	
	Rheumatoid Arthritis		Glomerulonephritis with Nephrotic Syndrome	
	Scleroderma		Moderately Severe Kidney Disease	
	Good Pastures Syndrome With Lung or Renal Involvement		Moderately Severe Systemic Lupus Erythematosus With Lupus Nephritis	
	Myasthenia Gravis		Intestinal Gangrene	
	End Stage Lung Failure		Portal Vein Thrombosis	
	Kidney Failure Requiring Regular Dialysis		Surgical Removal of One Lung	
	Medullary Cystic Kidney Disease		Moderately Severe Crohn's Disease	
	Fulminant Hepatitis		Moderately Severe Ulcerative Colitis.	
	End Stage Liver Failure		Small bowel transplant	
	Major Organ transplant		Ankylosing Spondylitis	
	Severe Crohn's Disease		Surgical Removal of one kidney	
	Severe Ulcerative Colitis			
	Chronic Relapsing Pancreatitis			
Nervous System(24/8)				
	Stroke Resulting in Permanent Symptoms		Loss of Hearing of One Ear	
	Permanent Paralysis of Limbs		Loss Of Sight In One Eye	
	Motor Neuron Disease With Permanent Symptoms		Dissolution of the nerve roots of Brachial Plexus	

Annexure 1:

	Major(55)	Please tick against Benefit being claimed for	Minor(37)	Please tick against Benefit being claimed for
	Motor Neuron Disease With Permanent Symptoms		Dissolution of the nerve roots of Brachial Plexus	
	Parkinson's Disease		Syringomelia or Syringobulbia Requiring Surgery	
	Benign Brain Tumor		Carotid Artery Surgery	
	Alzheimer's Disease		Loss of Use of One Limb	
	Progressive Supranuclear Palsy		Idiopathic Scoliosis	
	Multiple Sclerosis with Persisting Symptoms		Coma 72 Hours	
	Creutzfeldt - Jakob Disease			
	Muscular Dystrophy			
	Coma of Specified Severity			
	Apallic Syndrome			
	Major Head Trauma			
	Guillain - Barre Syndrome			
	Deafness			
	Loss Of Speech			
	Blindness			
	Spinal Stroke			
	Benign Spinal Cord Tumour with Neurological Deficit			
	Poliomyelitis			
	Bacterial Meningitis			
	Encephalitis			
	Tuberculosis Meningitis			
	Severe Progressive Bulbar Palsy			
Other Illness(3/5)				
	Third Degree Burns		Elephantiasis	
	Necrotising Fasciitis		Adrenalectomy for Adrenocortical Adenoma	
	Pheochromocytoma		Wilson's Disease	
			Optic Neuropathy	
			Facial Reconstructive Surgery due to accident	

Annexure 2:

Final Major Surgical Procedures List	Payout	Please tick against Benefit being claimed for
Open Heart Replacement Or Repair Of Heart Valves	100%	
Valvotomy/Valvuloplasty	50%	
CABG (Coronary Artery Bypass Grafting)	100%	
Other vascular bypass grafts(eg. Femoral popliteal grafts)	50%	
Clipping or repair of Aneurysm(including aortic, cerebral, femoral or iliac) with or without graft	50%	
Coronary Angioplasty with Stent implantation	50% -inr 5lac which ever lower	
Excision of benign mediastinal lesions (evidence of thoracotomy needs to be ascertained)	50%	
Heart Proximal aortic aneurysm, Aortic root transplantation with coronary artery reimplantation	50%	
Initial implantation of permanent pacemaker/ICD/VAD device in heart	50%	
Major Surgery of Aorta	100%	
Major vein repair with or without grafting for traumatic & non traumatic lesions	50%	
Pericardiotomy / Pericardectomy	50%	
Carotid endarterectomy/ Ext carotid Int. carotid bypass/Carotid tumour excision	50%	
Closure Of Semilunar Valve	50%	
Minimally Invasive Surgery to Aorta	50%	
Pulmonarry Artery Graft	50%	
Cardiac Arrhythmia with Ablative Procedure	50%-capping of 5lac	
Hemicolectomy	50%	
Partial Gastrectomy	50%	
Complete Gastrectomy	100%	
Partial Eosophagectomy	50%	
Complete Eosophagectomy	100%	
Pancrepancreaticoduodenectomy- Whipples surgery	100%	
Partial Hepatectomy	50%	
Complete Hepatectomy	100%	
Partial splenectomy	50%	
Complete splenectomy	100%	
small bowel transplant	50%	
Resection/anastamosis for small intestine	50%	
Partial Pancreatectomy	50%	
Complete Pancreatectomy	100%	
Amputation of arm	100%	
Amputation of foot	100%	
Amputation of hand	100%	
Amputation of leg	100%	
Excision reconstruction of joint(small joints-hand & feet)	50%-cap of 2lac	
microvascular replantation of finger due to trauma	50%-cap of 2lac	
Implantation of prosthesis for limb for amputees	100%	
Open/closed Reduction and Internal fixation of fracture Long bone (Humerus, Radius, ulna, Femur, Tibia, Fibula, clavicle) with or without Bone grafting-	50%-cap 3lac	
Osteomyelitis - Surgical Drainage and Curettage	50%-cap of 2lac	
core decompression with graft for osteonecrosis of femoral head	50%	
Replantation of lower limb	100%	
Replantation of upper limb	100%	
Spinal Fusion (arthrodesis of spine with bone graft/internal fixation)	50%	
Therapeutic endoscopic operations on cavity of knee/hip joint	50%-cap of 2lac	

Annexure 2:

Final Major Surgical Procedures List	Payout	Please tick against Benefit being claimed for
Therapeutic endoscopic operations on cavity of Shoulder/elbow joint	50%-cap of 2lac	
ACL/PCL repair/reconstruction	50%-cap of 2lac	
Total replacement of hip/knee/shoulder/elbow/head of femur/head of humerus-unilateral	50%	
reconstruction or arthroplasty of hip/knee/shoulder/elbow/head of femur/head of humerus (unilateral/bilateral)	50%	
Total replacement of hip/knee/shoulder/elbow/head of femur/head of humerus-bilateral	100%	
HIND QUARTER AMPUTATION	100%	
Open Reduction And Internal Fixation Of Fracture Of Small Bones /patella With Or Without Graft	50%-cap to 1lac	
Prosthetic Replacement of small joints	50%-cap to 2lac	
Multiple (more than 2)Tendon Transfer - Sts Hand / Foot	50%	
Surgery for Idiopathic Scoliosis	50%	
Bur-hole Drainage of Extradural, subdural or intracerebral space	50%	
Craniotomy for non malignant space occupying lesions	100%	
Craniotomy for Drainage of Extradural, subdural or intracerebral space	100%	
Craniotomy for malignant Brain tumors	100%	
Decompression surgery for Entrapment Syndrome	100%	
Embolectomy / Thrombectomy/ Endarterectomy with or without Graft	100%	
Excision of deep seated peripheral nerve tumor	100%	
Excision of pineal gland	100%	
Fixation of fracture of spine	100%	
Free Fascia Graft for Facial Nerve Paralysis	50%	
Intracranial transection of Cranial nerve	100%	
Laminectomy/Discectomy for Spinal nerve root decompression	100%	
Microvascular decompression of cranial nerves/nervectomy	100%	
Multiple Microsurgical Repair of digital nerve	100%	
Operations on Subarachnoid space of brain	100%	
Other operations on the meninges of the Brain	100%	
Peripheral nerve Graft	100%	
Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms	100%	
Total or Partial Excision of the pituitary gland - Any approach (Transforntal or Trans Sphenoid)	100%	
Surgery for ACOUSTIC NEUROMA	50%	
Brachial Plexus Surgery	50%	
neuro endoscopy for removal of brain tumor/ foreign body	50%	
STA MCA BYPASS SURGERY	50%	
SYMPATHECTOMY CERVICAL/LUMBAR/THORACOLUMBAR	50%	
Bone Marrow transplant (as recipient)	100%	
Heart/Heart-Lung Transplant	100%	
Liver Transplantation	100%	
Lung Transplantation	100%	
Renal transplant (recipient)	100%	
Pancrease Transplant	100%	
Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	100%	
Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions	100%	
Commando Operation-for only cancer	100%	
Total Larygectomy And Neck Dissection And Flap-only for cancer	100%	
Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns	100%	

Annexure 2:

Final Major Surgical Procedures List	Payout	Please tick against Benefit being claimed for
Surgical treatment of cancer with removal of organ & excluding biopsy & other diagnostics	100%	
Surgical removal of an eye ball	50%	
Surgical treatment of cancer without removal of organ excluding biopsy & other diagnostics	50%	
THYMECTOMY	50%	
Amputation of penis	50%	
Excision of ureter	50%	
Total excision of bladder	50%	
Partial nephrectomy due to medical advice (not as a transplant donor)	50%	
Total nephrectomy due to medical advice (not as a transplant donor)	100%	
Bilateral excision of testes	50%	
Urinary diversion	50%	
Adrenalectomy	50%	
Pneumonectomy/Lobectomy/removal of 1 lung	50%	
Pleurectomy/lung decortication	50%	
Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy	50%	
pulmonary embolectomy/enderectomy	50%	

Loss Details

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

Description of Loss/Event:

Incase of Death please confirm date of Death: / /

Incase of Death, please confirm the nature of Death: Accidental ☐ Non Accidental ☐

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 if applicable (To be filled by Insured Person/claimant/ Hospital authorities):

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

Details	Hospital 1	Hospital 2	Hospital 3
Name of the Hospital			
Address of the Hospital			
Name of treating Medical Practitioner			
Nature of Injury/Illness:			
Particulars of treatment:			
Medical: Surgical :			
For any Critical Illness, date when the Critical Illness was first diagnosed:			

Details	Hospital 1	Hospital 2	Hospital 3
Date and time of admission Time: _____ AM/PM			
Date and time of discharge: Time: _____ AM/PM			
Number of days in ICU (if any):			
Type of ICU: CCU/PICU/SICU/NICU/Other please specify:			
Incase of ICU Stay: Date and time of admission in ICU: Time: _____ AM/PM			
Date and Time of Discharge from ICU Time: _____ AM/PM			
Was your stay in ICU Continuous:			
Number of continuous stay in ICU			
Incase of death in ICU please specify date of death:			
Reasons for admission: Medical Accident Surgical Infection			
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:			
Signature of the Competent authority at treating Hospital	Hospital 1	Hospital 2	Hospital 3

Claim Documents for Section A: Benefit 1

Common documents required for all claims under this benefit :

1. Claim Form duly filled and signed by Insured Person/Nominee/claimant
2. EMS Paper
3. Discharge Card/Summary papers
4. Indoor Case papers
5. Hospital Bills
6. All Investigation Reports – blood, pathology, radiology, etc.
7. Certificate by treating Medical Practitioner confirming diagnosis
8. Current and past consultation papers
9. Certificate of Medical Cause of Death issued by last attending Medical Practitioner (wherever applicable)
10. Certificate from last attending Medical Practitioner /medical authority for underlying medical condition/s leading to death of the Insured Person
11. Post Mortem Report, FSL Report, Viscera and Chemical Analysis Report, Histopathology Report (wherever applicable)
12. Any other specific investigation / document to support the diagnosis of such Critical Illness, as may be reasonably required by Us in addition to the documents specified under this Section.
13. Income Proof(such as ITR/Salary Slips,etc)

The Company shall seek for specific investigation reports depending on the nature of ailment. The list of the specific requirements will be shared with the insured/ nominee after assessment of Claim form

Claim Documents for Section A: Benefit 2

Documents required for claims under this Benefit:

1. Claim Form duly filled and signed by Insured Person/Nominee/claimant
2. EMS Paper
3. Discharge Card/Summary papers
4. Indoor Case papers
5. Hospital Bills
6. All Investigation Reports – blood, pathology, radiology, etc.
7. Certificate by treating Medical Practitioner confirming diagnosis
8. Current and past consultation papers
9. Certificate of Medical Cause of Death issued by last attending Medical Practitioner (wherever applicable)
10. Certificate from last attending Medical Practitioner /medical authority for underlying medical condition/s leading to death of the Insured Person
11. Post Mortem Report, FSL Report, Viscera and Chemical Analysis Report, Histopathology Report (wherever applicable)
12. Any other specific investigation / document to support the diagnosis of such Critical Illness, as may be reasonably required by Us in addition to the documents specified under this Section.
13. ICU admission papers
14. Proof for advice on ICU admission by Medical practitioner
15. Income Proof(such as ITR/Salary Slips,etc)

The Company shall seek for specific investigation reports depending on the nature of ailment. The list of the specific requirements will be shared with the insured/ nominee after assessment of Claim form

Claim Documents for Section A: Benefit 3

Claim Form duly filled and signed by Insured Person/Nominee/claimant

EMS Paper

Discharge Card/Summary papers

Indoor Case papers

Hospital Bills

All Investigation Reports – blood, pathology, radiology, etc.

Certificate by treating Medical Practitioner confirming diagnosis

Current and past consultation papers

Certificate of Medical Cause of Death issued by last attending Medical Practitioner (wherever applicable)

Certificate from last attending Medical Practitioner /medical authority for underlying medical condition/s leading to death of the Insured Person

Post Mortem Report, FSL Report, Viscera and Chemical Analysis Report, Histopathology Report (wherever applicable)

Any other specific investigation / document to support the diagnosis of such Critical Illness, as may be reasonably required by Us in addition to the documents specified under this Section.

All histology/cytology/FNAC/Biopsy/Immuno-chemistry reports, X-ray, CT Scan, MRI, PET Scan, Bone Marrow Test, Cancer Markers, all other pathological tests

Income Proof(such as ITR/Salary Slips,etc)

The Company shall seek for specific investigation reports depending on the nature of ailment. The list of the specific requirements will be shared with the insured/ nominee after assessment of Claim form

Claim documents required for Section B – Major Surgical Procedures

- ☐ Duly filled claim form by the insured or claimant
- ☐ Hospital discharge summary
- ☐ All pre and post surgery Investigation reports/scans
- ☐ Scan of original Policy copy
- ☐ Consultation papers of the surgeon advising for the surgery
- ☐ AML Documents - Pan Card Copy, Residence Proof, 2 Passport size color photos of claimant
- ☐ Cancel Cheque and NEFT Mandate form - duly filled in by the claimant/insured
- ☐ Any other document required for assessing the claim

Claim documents required for Section B – Major Surgical Procedures

- ☐ All past hospitalisation, consultation or treatment details document.
- ☐ Copies of Indoor case papers from the hospitals
- ☐ Income Proof(such as ITR/Salary Slips,etc)

Claim documents required for Section C – Personal Accident Section Benefit 5 – Accidental Death Benefit

- ☐ Duly filled claim form by the claimant
- ☐ Scan of original policy copy
- ☐ MLC / FIR
- ☐ Cause of Death Certificate
- ☐ Death Certificate issued by the Government Authority
- ☐ Post Mortem Report
- ☐ Viscera / Chemical Analysis / Forensic Report
- ☐ Police Final Charge sheet / Court Final Order
- ☐ Spot Inquest / Panchnama
- ☐ RACT award in case of rail accident
- ☐ Indoor Case Papers
- ☐ If the claim amount is more than 1 lakh ,AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant
- ☐ Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant
- ☐ Income Proof(such as ITR/Salary Slips,etc)

Benefit 6 – Permanent Total Disability (PTD) Benefit

- ☐ Duly filled claim form by the claimant
- ☐ Scan of original policy copy
- ☐ MLC / FIR
- ☐ Police Final Charge sheet / Court Final Order
- ☐ Spot Inquest / Panchnama
- ☐ Indoor Case Papers
- ☐ Disability Certificate by Civil Surgeon / Government Hospital
- ☐ Certificate from treating Medical Practitioner
- ☐ RACT award in case of rail accident
- ☐ Hospitalisation records and Discharge summary(whenever applicable)
- ☐ If the claim amount is more than 1 lakh ,AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant
- ☐ Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant
- ☐ Income Proof(such as ITR/Salary Slips,etc)

Benefit 7 - Permanent Partial Disability (PPD) Benefit

- ☐ Duly filled claim form by the claimant
- ☐ Scan of original policy copy
- ☐ MLC or FIR
- ☐ Police Final Charge sheet / Court Final Order
- ☐ Spot Inquest / Panchnama
- ☐ Indoor Case Papers
- ☐ Disability Certificate by Civil Surgeon / Government Hospital
- ☐ Certificate from treating Medical Practitioner
- ☐ If the claim amount is more than 1 lakh ,AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized color photos of Insured Person/claimant
- ☐ Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant
- ☐ Income Proof(such as ITR/Salary Slips,etc)

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):

- Claimant /Insured Person's bank account no.:

- Name of the bank:

- Branch name:

- Address of the bank:

- IFSC code no. of the bank: (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

- 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.
- 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.
- 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.
- 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.
- 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."
- 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.
- 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
- 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.
- 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..
- 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.
- 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:

- 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.
- 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:

Date: / /

Signature _____

Consent letter

To Whomsoever It May Concern

Subject: Consent for Collection of Medical Records

Proposal No. / Policy No.: <PolicyNo. / Proposal No.>

I / We, the undersigned, hereby authorise ICICI Lombard General Insurance Company Ltd. to collect all relevant documents and medical records related to hospitalisation or medical treatment of Insured Person(s) covered under the above-mentioned policy from the Hospital or Medical Practitioner.

I/We have no objection to sharing my/our hospitalization documents with ICICI Lombard for the purpose of processing claims under the policy.

Please note: In case any original hospitalization or day-care treatment-related documents were collected by you at the time of discharge but were not submitted during the claim process, kindly ensure their submission to enable us to process the claim as per the policy terms and conditions.

Additionally, please send us a self-attested copy of a valid government-issued identity proof of the Claimant/Insured along with this consent letter.

Thank you for your assistance and cooperation.

Sincerely,
Team ICICI Lombard.

Name of the Insured

Claimant / Insured Signature