

## CLAIM FORM FOR MERCHANT'S COVER III INSURANCE 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

<b>1. DETAILS OF INSURED</b>	
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.	

<b>2. DETAILS OF OTHER INSURANCE</b>			
Name of Insurer	Policy No. (s).	Sum Insured Rs.	Period
			From To

N.B. If Insurance is effected with other Companies, copies of such Policies to be attached.

Are you or any of the proposed applicants/beneficial owner a PEP\* or Family member/Close relatives/Associates of PEP\*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP): \_\_\_\_\_

*"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;"*

**Bharat Sukshma UdyoG**

<b>3. DETAILS OF LOSS</b>	
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.
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.	

### ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115  
Mailing Address:  
601 / 602, 6th Floor, Interface Building No. 16,  
New Link Road, Malad (West),  
Mumbai - 400 064.

UIN: IRDAN115RP0004V02200203 (Retail)  
CIN: L67200MH2000PLC129408  
Registered Office Address:  
ICICI Lombard House, 414, P. Balu Marg, Off Veer  
Savarkar Road, Near Siddhi Vinayak Temple,  
Prabhadevi, Mumbai 400 025.

CLAIM FORM FOR MERCHANT'S COVER III INSURANCE POLICY  
Alternate no : 86552 22666 (Chargeable)  
Website : www.icicilombard.com  
E-mail : customersupport@icicilombard.com

## BURGLARY

4. DETAILS OF LOSS		
1.	Whether the premises were occupied at the time of loss. If not, what date and at what hour were they last occupied	
2.	Is anybody suspected of theft. If so, state full details	
3.	Is the insured the sole owner of the property lost or damaged. If no, lease provide details of owner.	
4.	Value and descriptions of contents lost (attach separate sheet if necessary)	Plain/Embossed/Silvered/ornamental/Any Other
5.	Any additional information relevant to processing of claim.	

Public Liability / Employer's liability / Tenant's Legal Liability / Personal Accident / Medical and hospital expenses to Insured

5. DETAILS OF Injured Person		
1.	Details of injured person a. Name b. Age and Sex c. Residential Address	
2.	Details of Occupation a. What is the occupation in which the insured person is employed. b. Was the insured person engaged in this occupation when the accident occurred. If not, state fully the nature of work he was doing at the time of the accident.	
3.	Details of employment a. Is the insured person in your direct employment If yes, provide the wages, bonus and other allowances payable per annum to the employee.	
4.	Details of injury a. Give a brief description of injury. b. What is the % of disability if any? Attach a certificate of a doctor confirming the disability. c. What is the probable period of the disablement?	
5.	Details of hospital a. Has the injured person been removed to hospital or medically attended? b. Date of admission in hospital c. Date of discharge from hospital	
6.	Court Procedure a. Has any case been filed in court of law/tribunal against you in relation to the accident? b. Date and time of receipt of Notice/summons from authorities. Attach all documents received with the notice from the court c. Does the insured propose to/has already availed of any legal advise. If yes, details of the lawyer/law firm together with their opinion	
7.	Any other information relevant to processing of the claim	

Glass Breakage/Neon Sign/Glow Sign

4. DETAILS OF LOSS		
1.	Total value of loss/damage (description to be enclosed in separate sheet)	

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2.	Whether the breakdown/damage is repairable/total loss? Attach the estimate of repairs.	
3.	Whether the premises was under construction/occupied or vacant, if vacant period of vacancy	
4.	Describe the nature of glass	Plain/Embossed/Silvered/ornamental/Any Other
5.	Any additional information relevant to processing of claim.	

Cash in Safe, Cash in Transit/ Fidelity/Marine Transit/Cheque Forgery

<b>Marine Transit</b>	
1.	Name of the transport company and lorry no.
2.	L/R,G/R No
3.	Details of transit
4.	Nature of goods damaged
5.	Evidence of the claim lodged on the carrier (Enclose copies of correspondence with the acknowledgement due card)
6.	Attach the copy of damage/short certificate received from the carrier
<b>Cash in Safe/Transit</b>	
1.	Did the loss occur when money was kept in safe or whilst in transit?
2.	If in safe c. Name of the location and details d. In whose custody were the safe keys? Total amount in safe at the time of loss
3.	If in transit a. Date and time when loss was first discovered b. Places between which money was in transit c. How and where did the loss occur? d. What was the amount carried?
<b>Fidelity</b>	
1.	Name and address of the defaulting employee
2.	Name and address of the family member of the employee
3.	Details of the property and money of the employee that is in possession of the insured
4.	How exactly was the defalcation committed? Please give full details in separate sheet
5.	Has the loss been reported to the police? If so, state at which police station and what action was taken by the police
<b>Cheque Forgery</b>	
1.	Mention the bank from which cheque was drawn
2.	Is anybody suspected of fraud
3.	Brief description of forgery
4.	Any other information relevant to processing of claim

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**Consequential loss (Fire)**

	Details of loss	
1.	Indemnity sum insured and indemnity period	
2.	Date and time of accident	
3.	Estimated interruption period	
4.	Detaild of fire policy (indicate sum insured, policy no, insurers name) Enclose policy copy if insured by any other insurer	
5.	Details of material damage claim including address of loss. Enclose details of claim settled if insured by any other insurer	
6.	Turnover for the previous and current financial year	
7.	Gross profit for the previous and current financial year	
8.	Standing charges for the previous and current financial year	
9.	Details of the facility affected	
10.	Any alternate facility used in the interruption period. Specify, if any	
11.	Any additional costs incurred in the interruption period. Specify, if any	
12.	Maximum rated capacity of the plant	
13.	What is the capacity at which the plant was operating?	
14.	Estimated time required for reinstatement	
15.	Total loss claimed	
16.	Any other information relevant to processing of claim	

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct and complete.
- 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.
- 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.
- 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.
- 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.
- I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place: \_\_\_\_\_

Date

Signature of Insured

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## FIRE CLAIM FORM

### DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED

A Merchant Cover insurance policy being a contract of indemnity only, all claims must be based upon the actual value of the goods at the time of loss, excluding any Profit whatsoever.

Item No. of Policy	Description of affected Property	Value at the time of Fire Rs.	Deduction for Value of Salvage Rs.	Net Amount Claimed Rs.

#### 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) Documents: submit documents to the assigned CSM/Surveyor.

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 claim form and documents. 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).

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