

## Do You Know

- ★ Non-submission of original bills and receipts is the main reason for delay in claim settlements. Please provide the originals & mandatory documents
- ★ To receive update on your claim status, provide your mobile no. & E-mail ID
- ★ Track your claim status at: [www.icicilombard.com](http://www.icicilombard.com) → Claims & Wellness → Health Claims & Wellness → Track your claims

**TO BE FILLED IN CAPITAL LETTERS ONLY**

### Part - A

NOTE: Every insured member claiming for Point Redemption need to fill a separate claim form

1. **Name of Policy holder/Proposer\*:** \_\_\_\_\_  
 Current Policy number: \_\_\_\_\_  
 Card No./UHID: \_\_\_\_\_

2. **Claimant Details**  
 Name of Insured: \_\_\_\_\_  
**Aadhaar No. of the Proposer\*/Employee:** \_\_\_\_\_ **PAN No. of the Proposer\*/Employee:** \_\_\_\_\_  
 Relationship with the Policy holder : \_\_\_\_\_ Present completed age (In Years) : \_\_\_\_\_ Gender : M \_\_\_\_\_ F \_\_\_\_\_  
 Occupation: Service \_\_\_\_\_ Self Employed \_\_\_\_\_ Homemaker \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_ Other \_\_\_\_\_ (Please specify) \_\_\_\_\_  
 Current Residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Pin Code: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Landline No.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### Part - B

**Details of the Amount Claimed**

Expense details	Bill Number	Date	Amount
		D D M M Y Y	
		D D M M Y Y	
		D D M M Y Y	
		D D M M Y Y	
<b>Total Claimed Amount ^ (In ₹)</b>			

^ Please provide original bills for the total claimed amount

### Part - C - (EFT/NEFT/RTGS)

(All claims shall be settled in electronic mode only, as per IRDA. Please provide correct bank account details)

BANK DETAILS

- Name of Policy holder/Proposer\*: \_\_\_\_\_
- Bank account number of Policy holder/Proposer: \_\_\_\_\_
- Name of the Bank: \_\_\_\_\_
- Branch Name: \_\_\_\_\_
- IFSC of the Bank: \_\_\_\_\_ (should be same as per the provided cheque leaflet)

\*Policy holder/Proposer is the person who has paid premium for the policy.

**ENCLOSURE CHECKLIST** Note: All Bills/documents should be in original

- Claim form duly filled & signed     Investigation bills     Investigation reports     Hospitalization bills     Medicine bills
- Doctor prescription     **Aadhaar Card Copy (Mandatory)**     **PAN Card Copy (Mandatory)**     Any other documents

**EFT DETAILS**     Cancelled cheque copy\* (OR)     Valid photo identity proof\* (self attested) (OR)     Bank attested copy of passbook with IFSC\* (# Mandatory)

**DECLARATION**

I hereby agree, affirm and declare that

- a) The statements / information given / stated in this claim form are true, correct and complete to the best of my knowledge and belief.
- b) 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.
- c) If I 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 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 an agreement by the Company of the claim and the company reserve the right to process or reject or require further/additional information in respect of the claim.
- e) I also consent and authorize ICICI Lombard Health Care to seek medical information from any hospital/medical practitioner who has any time attended on the insured person.
- f) I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim
- g) I confirm that the expenses for which claim is being lodged have been incurred in respect of the insured.

Place : \_\_\_\_\_ Date:    /    /    /    /    /   

Signature of Claimant/Proposer \_\_\_\_\_