

## TRIPSECURE+ CLAIM FORM

### Guidelines for completion of the Claims form

1. Claims Form consists of two parts - Information Sheet and Coverage
2. Please fill the Information Sheet along with the relevant annexure as per the desired coverage.
3. Please take the print out of only the relevant annexure.

### PART I : INTERNATIONAL TRAVEL INSURANCE

Sections	Clause No.	Cover Type	Cover Name	Payment Basis	Sum Insured	Deductible/ Special conditions	Annexure No.
Medical expenses covers	Cover 1	Base	Hospitalisation Expenses for Illness and Injury	Indemnity			Annexure I
	Extension 1.a	Extension	Outpatient Treatment for Illness and Injury	Indemnity			Annexure I
	Extension 1.b	Extension	Medical Aid Cover in case of Illness and Injury	Indemnity			Annexure I
	Extension 1.c	Extension	Child care expenses due to hospitalization	Benefit			Annexure I
	Extension 1.d	Extension	Physiotherapy	Indemnity			Annexure I
	Extension 1.e	Extension	Pre-existing Disease Cover	Indemnity			Annexure I
	Extension 1.f	Extension	Hospitalisation Expenses - Adventure Sports	Indemnity			Annexure I
	Cover 2	Base	Hospitalisation Expenses for Injury	Indemnity			Annexure I
	Cover 3	Base	Daily Allowance in case of Hospitalization	Benefit			Annexure I
	Cover 4	Base	Medical Evacuation	Indemnity			Annexure I
	Cover 5	Base	Repatriation of Remains	Indemnity			Annexure II
	Cover 6	Base	Dental Treatment	Indemnity			Annexure I
Accident & Disabilities Covers	Cover 7	Base	Personal accident	Benefit			Annexure III
	Extension 7.a	Extension	Coma cover	Benefit			Annexure III
	Extension 7.b	Extension	Child Benefit Cover	Benefit			Annexure III
	Extension 7.c	Extension	Workplace assault	Benefit			Annexure III
	Extension 7.d	Extension	Personal Accident - Adventure Sports	Benefit			Annexure III
	Extension 7.e	Extension	Lifestyle Modification Benefit	Benefit			Annexure III
	Cover 8	Base	Accidental Death and Disablement - Common Carrier	Benefit			Annexure III
	Cover 9	Base	Credit Card Secure	Indemnity			Annexure IV
	Cover 10	Base	Home to Home Cover – Section A	Indemnity			Annexure V
	Cover 10	Base	Home to Home Cover – Section B	Benefit			Annexure VI
	Cover 11	Base	Loss of checked-in baggage	Indemnity			Annexure VII
	Cover 11.a	Extension	Electronic Equipment Loss	Indemnity			Annexure VII
	Cover 11.b	Extension	Sports Equipment Loss	Indemnity			Annexure VII
	Cover 12	Base	Damage to baggage during transit	Benefit			Annexure VII
	Cover 13	Base	Delay of checked-in baggage	Benefit			Annexure VII

### 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: ICITOP25036V01242  
**CIN:** L67200MH2000PLC129408  
**Registered Office Address:**  
 ICICI Lombard House, 414, P Balu Marg, Off Veer  
 Savarkar Road, Near Siddhi Vinayak Temple,  
 Prabhadevi, Mumbai - 400025.

**TRIPSECURE+ CLAIM FORM**  
**Toll free no :** 1800 2666  
**Alternate no :** 86552 22666 (Chargeable)  
**Website :** www.icicilombard.com  
**E-mail :** customersupport@icicilombard.com

Sections	Clause No.	Cover Type	Cover Name	Payment Basis	Sum Insured	Deductible/ Special conditions	Annexure No.
	Cover 14	Base	Smart delayed checked in baggage	Benefit			Annexure VII
	Cover 15	Base	Loss of baggage and personal effects	Indemnity			Annexure VIII
	Extension 15.a	Extension	Loss of electronic equipment	Indemnity			Annexure VIII
	Extension 15.b	Extension	Loss of Valuables including Personal Money	Indemnity			Annexure VIII
	Extension 15.c	Extension	Loss of Sports Equipment	Indemnity			Annexure VIII
	Cover 16	Base	Debit and Credit Card and Forex card- Fraudulent Utilization	Indemnity			Annexure IX
	Cover 17	Base	Loss of Passport and International Driving License	Benefit			Annexure X
Travel Delay, Cancellation & Curtailment	Cover 18	Base	Trip cancellation	Indemnity			Annexure XI
	Extension 18.a	Extension	Reimbursement of cancellation charges of all pre-booked events	Indemnity			Annexure XI
	Extension 18.b	Extension	Frequent Flyer Cover	Indemnity			Annexure XI
	Cover 19	Base	Trip interruption or curtailment	Indemnity			Annexure XII
	Extension 19.a	Extension	Trip resumption	Indemnity			Annexure XII
	Extension 19.b	Extension	Missed event due to Itinerary Change	Indemnity			Annexure XI
	Cover 20	Base	Trip cancellation due to VISA rejection	Indemnity			Annexure XIII
	Extension 20.a	Extension	Refund of VISA fee	Indemnity			Annexure XIV
	Cover 21	Base	Cancellation cover for hotel and accommodation	Indemnity			Annexure XV
	Cover 22	Base	Common Carrier Delay	Benefit			Annexure XVI
	Cover 23	Base	Flight Delay Auto Assist	Benefit			Annexure XVI
	Cover 24	Base	Flight Cancellation	Benefit			Annexure XVII
	Cover 25	Base	Missed Connecting Flight	Indemnity			Annexure XVIII
	Cover 26	Base	Compassionate visit	Indemnity			Annexure XIX
	Cover 27	Base	Bounced booking of airlines or hotel	Indemnity			Annexure XX
	Cover 28	Base	Hotel extension due to contingency	Indemnity			Annexure XXI
	Cover 29	Base	Piste Closure	Benefit			Annexure XXII
	Cover 30	Base	Automatic extension of period of insurance	Indemnity			
	Cover 31	Base	Political Risk And Catastrophe Evacuation	Indemnity			Annexure XXIII
Cruise covers	Cover 32	Base	Missed Shore Cover	Benefit			Annexure XXIV
	Cover 33	Base	Cruise Interruption	Indemnity			Annexure XXV
	Cover 34.A	Base	Medical cover on a cruise - Hospitalization expense	Indemnity			Annexure XXVI
	Cover 34.B	Base	Medical cover on a cruise - Daily allowance	Benefit			Annexure XXVI
	Cover 34.C	Base	Medical cover on a cruise - Medical Evacuation	Indemnity			Annexure XXVI
	Cover 34.a	Extension	Cruise Cover - Unused excursions	Indemnity			Annexure XXVII

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Sections	Clause No.	Cover Type	Cover Name	Payment Basis	Sum Insured	Deductible/ Special conditions	Annexure No.
	Cover 35	Base	Personal liability	Indemnity			Annexure XXVIII
Others	Extension 35.a	Extension	Court attendance cover	Benefit			Annexure XXVIII
	Cover 36	Base	Car Rental - Cover for Deductible	Indemnity			Annexure XXIX
	Extension 36.a	Extension	Rental vehicle return	Indemnity			Annexure XXIX
	Cover 37	Base	Car rental cover	Indemnity			Annexure XXIX
	Cover 38	Base	Hijack distress compensation	Benefit			Annexure XXX
	Cover 39	Base	Financial emergency cash allowance	Benefit			Annexure XXXI
	Cover 40	Base	Fire and Allied Perils - Home Building and Contents	Indemnity			Annexure XXXII
	Cover 41	Base	Burglary - Home Contents	Indemnity			Annexure XXXII
	Cover 42	Base	Pet Care and Veterinary Hospitalization - While Pet travel with Insured	Indemnity			Annexure XXXIII
	Cover 42	Base	Pet Care and Veterinary Hospitalization - While Pet not travel with Insured	Indemnity			Annexure XXXIII
	Cover 43	Base	Out of Pocket expenses for Pet Care due to Trip Delay	Indemnity			Annexure XXXIII
	Cover 44	Base	Travel Loan Secure -SI in INR	Indemnity			Annexure XXXIV
	Cover 45	Base	Language Interpreter	Indemnity			Annexure XXXV
	Cover 46	Base	Escort of Minor Child	Indemnity			Annexure XXXVI
	Cover 47	Base	Hole in One	Benefit			Annexure XXXVII
	Cover 48	Base	Reimbursement of Green Fees	Indemnity			Annexure XXXVIII
	Cover 49	Base	Upgradation to Business Class	Indemnity			Annexure XXXIX
	Cover 50	Base	Quarantine Cover	Indemnity			Annexure XXXX
	Cover 51	Base	Bail Bond	Indemnity			Annexure XXXXI
	Cover 52	Base	Kidnap Distress allowance	Benefit			Annexure XXXXII

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## INFORMATION SHEET

### INSURED DETAILS

Policy No.

Policy Start Date         Policy End Date

Full Name

Date of Birth         Sex  Male  Female  Others

Current Address

Address in Country of Residence

Phone No. Overseas  Phone No. India

Mobile No.  Email ID

Passport No.  Claims Ref No. (As provided)

Every claim has to be accompanied with original ticket/boarding pass or copy of the passport indicating the travel dates.

### CLAIMANT INFORMATION

Full Name

Relationship with the Policyholder

Phone No. (Off)  Phone No. (Res)

Email ID

In what capacity are you making this claim?

### Terms and conditions

1. The Insured shall ensure that the Insured has received, read and understood the terms and conditions as contained in Part I and II of the Policy. If the Insured has not received Part I and Part II of the Policy, please email at customersupport@icicilombard.com.
2. In the event of an Accident or sudden Illness or occurrence of any other contingency covered under the Policy, the Insured shall immediately contact the Help Line number and register his/ her claim furnishing the necessary details.
3. Failure of immediate intimation to the helpline may result in the Insured's claim being prejudiced and in no case being admitted for more than 75% of the claim. No expenses however beyond a limit of US\$ 1000 shall be incurred by the Insured without prior approval from the Company.
4. This condition shall be applicable even in cases where the Insured would like to pursue his claim only on his return to his place of residence in spite of his meeting with the contingency covered herein whilst abroad.
5. Please note, Deductible amount as mentioned in Policy Schedule must be borne by you.
6. Issuance of the claims form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
7. No claim under Accident & Medical Section will be admitted without Doctor's Report as per format.
8. For all expense related to indemnity claims, original bills & receipts would be required. Even after digital submission and settlement please retain the original documents as these may be called in on a need to basis by insurance company
9. Please attach and submit all the relevant documents requested at the time of claim submission for processing of your claim. For digital claims – please scan and upload the original documents embossed on top left corner “For ICICILombard Use Only”.

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## DECLARATION

I/We hereby agree, affirm and declare that:

1. The statements/ information given/ stated by me/ us in this claim form are true, correct and complete.
2. 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.
3. 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.
4. 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.
5. 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 and documents in respect of the claim.
6. I do hereby authorize International Subrogation Management (ISM) to inquire and obtain any information regarding my accident. Further, ICICI Lombard is hereby authorized to release any and all information, including copies of pertinent documents, which ISM may deem necessary in order to satisfy their inquiry, If during the investigation, ISM has identified a potential recovery source, allowing the Plan Participant's employer to recover paid benefits, ISM is authorized to release any all records they deem necessary in order to pursue the recovery. The company can, while assessing the claim, call for the additional documents which the Company deems fit for assessment of the claim.
7. "I hereby give my consent to the Company to verify my identity through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC"

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

Date

Claimant's/Insured's Signature

## AUTHORIZATION BY INSURED/ ON BEHALF OF THE INSURED

1. I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the Insured to release any information requested regarding this claim and the loss reported.
2. I understand ICICI Lombard General Insurance Company Ltd, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim, will use this information.
3. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original.
4. I agree that this authorization shall be valid for the duration of this claim. I also authorize Assistance Service Provider, on behalf of ICICI Lombard General Insurance Company Limited, to obtain any medical records or information to process this claim.
5. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNED (Claimant or authorized person)

Relationship with the Insured

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

Date

Insured's Signature

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**MEDICAL TREATMENT EXPENSES DETAILS-**

Sr. No.	Details of treatment/ expenses	Date	Claimed currency	Expenses in Foreign Currency / Indian Rupee (As applicable)

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

Date 

Claimant's/Insured Signature

**Annexure II REPATRIATION OF REMAINS**Cause/ Circumstances of death Date of death of Insured Details of expenses incurred for repatriation of Remains/ Funeral 

Sr. No.	Details of treatment/ expenses	Date	Claimed currency	Expenses in Foreign Currency / Indian Rupee (As applicable)
		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
		<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

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

Date 

Claimant's/Insured Signature

**Annexure III PERSONAL ACCIDENT / COMMA COVER / CHILD BENEFIT COVER / WORKPLACE ASSULT/ LIFESTYLE MODIFICATION COVER/ ACCIDENTAL DEATH AND DISABLEMENT (COMMON CARRIER / PUBLIC CARRIER) / ADVENTURE SPORTS**Incident details Claim for death or claim for disability Date of death or date of injury (disability) Carrier type – ☐ (i) Flight ☐ (ii) Bus or other local conveyance ☐ (iii) Ship/Cruise

Which covers had the customer opted for –

i) Coma Cover – ☐ Yes ☐ No. If Yes,Duration during which in Coma – From  To ii) Child Benefit Cover – ☐ Yes ☐ No. If Yes,Date of Birth of Child – iii) Workplace Assault – ☐ Yes ☐ No. If Yes,Duration of Disability – From  To iv) Adventure Sports – ☐ Yes ☐ NoClaim for death or claim for disability 

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

Date 

Claimant's/Insured Signature

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#### Annexure IV CREDIT CARD SECURE

Claim for death or claim for disability

Incident details –

Date of death or date of injury (disability) –

Claimed amount

Claimed currency

Place:

Date

Claimant's/Insured Signature

#### Annexure V HOME TO HOME COVER SECTION A

##### OUTPATIENT TREATMENT

Incident details

Dates of Treatment From  To

Date of onset of Symptoms

Provider Name

Address

Contact No.

##### HOSPITALISATION

Incident details

Dates of Treatment From  To

Date of onset of Symptoms

Provider Name

Address

Contact No.

When did patient's symptoms first appear?

#### Annexure VI HOME TO HOME COVER SECTION B

Reason for claim ☐ Death ☐ Disability

Date of death/ Date of disability

Incident details

Claimed amount'

Claimed currency

Place:

Date

Claimant's/Insured Signature

#### Annexure VII LOSS OF CHECKED IN BAGGAGE / ELECTRONIC EQUIPMENT LOSS/ SPORTS EQUIPMENT LOSS / DELAY OF CHECKED IN BAGGAGE/ DAMAGE TO BAGGAE DURINGTRANSIT

No. of bags checked-in

No. of bags delayed

No. of bags lost

Incident details

State the extent of Delay/Loss/Damage

PIR No.

Bag tag No.

Had the common carrier been notified at the time of loss/damage? ☐ Yes ☐ No

Is the cover for Electronic Equipment Loss/Sports Equipment Loss opted for? ☐ Yes ☐ No

Was the sports equipment/electronic equipment a part of the lost baggage? ☐ Yes ☐ No

If Yes, please give the below details-

Sr. No.	Item Purchased/ Items Lost	Date of Purchase	Claimed currency	Cost in Foreign Currency (In INR for loss claim)
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>	<input type="text"/>
Compensation From Carrier			<input type="text"/>	<input type="text"/>
Net Amount			<input type="text"/>	<input type="text"/>

Place:

Date

Claimant's/Insured Signature

**Annexure VIII LOSS OF BAGGAGE AND PERSONAL EFFECTS / LOSS OF ELECTRONIC EQUIPMENT / LOSS OF VALUABLE INCLUDING PERSONAL MONEY/LOSS OF SPORTS EQUIPMENT**

Date of Loss

Are the cover(s) of Loss of Electronic Equipment/ Loss of Valuable including Personal Money/ Loss of Sports Equipment opted for?

☐ Yes ☐ No

If yes, did the lost baggage include anything that is covered under these extensions? Please name such articles / equipment

Incident details

I hereby declare that the above reason was the sole reason for the Loss of my baggage & personal effects. I have made all efforts to recover my baggage & personal effects unsuccessfully, and if I do secure my baggage & personal effects at a future date, I shall repay to the Company the total claim amount given to me. repay to the Company the total claim amount given to me.

SIGNED (Claimant or authorized person)  
Relationship with the Insured

SIGNED (Claimant or authorized person)

Relationship with the Insured

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# Details of Losses/ Expenses Incurred

Sr. No.	Loss/ Expenses Details	Claimed currency	Amount
Total			

Details of compensation received

Place:

Date

Claimant's/Insured Signature

## Annexure IX DEBIT/CREDIT CARD/ FOREX CARD – FRADULENT UTILIZATION

Type of card – ☐ Debit Card ☐ Credit Card ☐ Forex Card

Date of loss –

Incident details -

Place of loss -

# Details of Losses/ Expenses Incurred

Sr. No.	Loss/ Expenses Details	Claimed currency	Amount
Total			

Details of compensation received

Place:

Date

Claimant's/Insured Signature

## Annexure X LOSS OF PASSPORT / INTERNATIONAL DRIVING LICENSE

Claim for Loss of Passport or Loss of Driving license / Loss of Passport and Driving license

Incident details

Date of loss of Passport  Place of loss of Passport

Claimed amount

Claimed currency

Place:

Date

Claimant's/Insured Signature

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**Annexure XI TRIP CANCELLATION / REIMBURSEMENT OF CANCELLATION CHARGES OF PRE-BOOKED EVENTS/ FREQUENT FLYER POINTS / REIMBURSEMENT OF CANCELLATION CHARGES OF PRE-BOOKED EVENTS/ MISSED EVENT DUE TO ITINERARY CHANGE**

Contingency or Reason for Trip cancellation

☐ Personal contingencies - Death or illness Self/Family/Travelling Companion  
☐ Vessel Hijack ☐ Quarantine ☐ Kidnap ☐ Natural contingencies ☐ Terrorist attack  
☐ Loss of passport ☐ Others -

Incident details -

Trip Cancellation Date          
Place of loss/trip cancellation -

Original Travel Dates From         Time   :

Airline Name

Flight No.

PNR No.

Did the customer opt for 'Reimbursement of Cancellation charges of pre-booked events' cover? Yes/No. If Yes, please provide details of the event (Where, purpose of the event, no. of people attending, reason of cancellation of event, dates and duration of event)

Details of Losses/ Expenses Incurred

Sr. No.	Loss/ Expenses Details	Claimed currency	Amount
<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"/>	<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"/>
Total		<input type="text"/>	<input type="text"/>

Details of compensation received

Place:

Date

Claimant's/Insured Signature

**Annexure XII TRIP INTERRUPTION OR CURTAILMENT / TRIP RESUMPTION**

Contingency or Reason for Trip cancellation

☐ Personal contingencies - Death or illness Self/Family/Travelling Companion  
☐ Vessel Hijack ☐ Quarantine ☐ Kidnap ☐ Natural contingencies ☐ Terrorist attack  
☐ Loss of passport ☐ Others -

Incident details -

Trip Interruption or Curtailment Date

Place of loss/trip cancellation -

Original Travel Dates From         Time   :

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UIN: ICITIOP25036V01242  
CIN: L67200MH2000PLC129408  
Registered Office Address:  
ICICI Lombard House, 414, P Balu Marg, Off Veer  
Savarkar Road, Near Siddhi Vinayak Temple,  
Prabhadevi, Mumbai - 400025.

TRIPSECURE+ CLAIM FORM  
Toll free no : 1800 2666  
Alternate no : 86552 22666 (Chargeable)  
Website : www.icicilombard.com  
E-mail : customersupport@icicilombard.com

Airline Name

Flight No.

PNR No.

Did the customer opt for 'Trip Resumption extension cover' cover? Yes/No. If Yes, please provide details of the event (Where, purpose of the event, no. of people attending, reason of cancellation of event, dates and duration of event)

  

Did the customer opt for 'Reimbursement of Cancellation charges of pre-booked events' cover? Yes/No. If Yes, please provide details of the event (Where, purpose of the event, no. of people attending, reason of cancellation of event, dates and duration of event)

  

Details of Losses/ Expenses Incurred

Sr. No.	Loss/ Expenses Details	Claimed currency	Amount
Total			

Details of compensation received

Place:

Date

Claimant's/Insured Signature

#### Annexure XIII TRIP CANCELLATION DUE TO VISA REJECTION

  

Incident details -

Trip Cancellation Date

Place of loss -

Details of Losses Incurred

Sr. No.	Loss Details	Claimed currency	Amount
Total			

Place:

Date

Claimant's/Insured Signature

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TRIPSECURE+ CLAIM FORM  
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Website : www.icicilombard.com  
E-mail : customersupport@icicilombard.com

**Annexure XIV REFUND OF VISA FEE**Incident details - Date of Loss - Place of loss - 

Details of Visa Application Fees paid

Sr. No.	Loss Details	Claimed currency	Amount
<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"/>	<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"/>
Total		<input type="text"/>	<input type="text"/>

Place: Date 

Claimant's/Insured Signature

**Annexure XV CANCELLATION COVER FOR HOTEL AND ACCOMODATION**

Contingency or Reason for Trip cancellation

- ☐ Personal contingencies - Death or illness Self/Family/Travelling Companion
- ☐ Vessel Hijack ☐ Quarantine ☐ Kidnap ☐ Natural contingencies ☐ Terrorist attack
- ☐ Loss of passport ☐ Others -

Incident details - Hotel/Accommodation cancellation Date/Date of loss Place of loss 

Details of Losses Incurred

Sr. No.	Loss Details	Claimed currency	Amount
<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"/>	<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"/>
Total		<input type="text"/>	<input type="text"/>

Place: Date 

Claimant's/Insured Signature

**Annexure XVI COMMON CARRIER / PUBLIC CARRIER DELAY**Incident details - Carrier/Flight Name Carrier/Flight No.

**Annexure XVI COMMON CARRIER / PUBLIC CARRIER DELAY**

PNR No.														
Initial/Original scheduled flight ETD	From <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Time <table><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M
D	D	M	M	Y	Y	Y	Y							
H	H	M	M											
	ETATo <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Time <table><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M
D	D	M	M	Y	Y	Y	Y							
H	H	M	M											
Final/Actual flight details	From <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Time <table><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M
D	D	M	M	Y	Y	Y	Y							
H	H	M	M											
Place of Loss														
Claimed Amount														
Claimed Currency														
Documents to be submitted in support of the claim														

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

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Claimant's/Insured Signature

**Annexure XVII FLIGHT CANCELLATION**

Initial/Original scheduled flight	ETD From <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Time <table><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M				
D	D	M	M	Y	Y	Y	Y											
H	H	M	M															
	ETATo <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Time <table><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M				
D	D	M	M	Y	Y	Y	Y											
H	H	M	M															
Final/Actual flight details	From <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Time <table><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M				
D	D	M	M	Y	Y	Y	Y											
H	H	M	M															
Incident details - <table><tr><td colspan="8"></td></tr><tr><td colspan="8"></td></tr></table>																		
Airline Name																		
Flight No.																		
PNR No.																		

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

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Claimant's/Insured Signature

**Annexure XVIII MISSED CONNECTING FLIGHT**

Contingency or Reason for Missed connecting flight

- ☐ Contingency/Reason for missed connecting flight ☐ Inclement weather at port of origin or port of destination
- ☐ Delay of Flight due to sudden strike or any other action of the employees of the Flight operators
- ☐ Delay of the Flight caused by equipment failure ☐ Delay of the Flight caused by or arising due to clearances of the Flight
- ☐ Delay of the Flight caused by operational problems like crew or staff scheduling issues etc.
- ☐ Delay of the Flight due to a Major Travel Event, Civil Unrest, Riots or Commotion at the port of departure or the port of destination.  
Cancellation or rescheduling of the connecting flight at the instance of earlier flight that causes delay
- ☐ Others 

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Date of Loss	
Place of Loss	

Schedule of previous Flight –	From <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Time <table><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M
D	D	M	M	Y	Y	Y	Y							
H	H	M	M											
Schedule of the missed Flight –	From <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Time <table><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table>	H	H	M	M
D	D	M	M	Y	Y	Y	Y							
H	H	M	M											

Incident Details	

Details of expenses due to Missed Connecting Flight

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TRIPSECURE+ CLAIM FORM  
Toll free no : 1800 2666  
Alternate no : 86552 22666 (Chargeable)  
Website : www.icicilombard.com  
E-mail : customersupport@icicilombard.com

Sr. No.	Expenses	Claimed currency	Amount
Total			

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

Date

Claimant's/Insured Signature

#### Annexure XIX COMPASSIONATE VISIT

Date of Travel –

Cause/Circumstances requiring compassionate visit (Incident details)

#### Expenses Details

Sr. No.	Loss/ Expenses Details	Date	Claimed currency	Amount
Total				

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

Date

Claimant's/Insured Signature

#### Annexure XX BOUNCED BOOKING OF AIRLINE OR HOTEL

Claimed for bounced booking of hotel or bounced booking of airline

Original Travel / Accommodation Dates From         To

Dates on which the booking was bounced         (Form should have multiple date selection options).

Cause/Circumstances leading to loss (Incident details) –

Place of loss

Sr. No.	Loss/Expenses Details	Claimed currency	Amount
Total			

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

Date

Claimant's/Insured Signature

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**Annexure XXI HOTEL EXTENSION DUE TO EMERGENCY**

Contingency/Reason for extension

☐ Personal contingencies - Death or illness self/Travelling companion
 ☐ Major travel event
 ☐ Terrorism  
☐ Operational cancellation by common carrier
 ☐ Loss of passport
 ☐ Political risk or catastrophe situations  
☐ Others –

Cause/Circumstances leading to loss (Incident details) – Place of loss Original Travel / Accommodation Dates From  To Dates on which the booking was Extended  (Form should have multiple date selection options).

Details of Losses/ Expenses Incurred

Sr. No.	Loss/ Expenses Details	Date	Claimed currency	Amount
Total				

Place: Date 

Claimant's/Insured Signature

**Annexure XXII PISTE CLOSURE**Date of loss Cause/Circumstances leading to loss (Incident details) – Place of loss Place: Date 

Claimant's/Insured Signature

**AUTOMATIC EXTENSION OF PERIOD OF INSURANCE**Reason for Extension of Trip 

Please detail out the above reason for Delay (how, where, when and reason for the same)

Extension date Original Travel Dates From  To 

Person Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details)

**Documents to be submitted in support of the claim:**

1. The confirmation/correspondence from the Common Carrier/ Public Carrier of the delay stating the circumstances which causes the delay to Common Carrier/ Public Carrier and details of the expected time of arrival and the actual time of arrival at the port of City of Residence or Place of Origin of the Insured and/or we may verify this information from an independent Third Party Source;
2. Medical Practitioner's certificate furnishing details of date of admission and date of discharge in case of Injury or illness stating the reasons and the extent of the Injury/ Illness necessitating the hospitalization of the insured and/or;
3. Official confirmation in case of political unrest or terrorism or catastrophe
4. And any other document as may be appropriately applicable for the claims preferred under any applicable section due to extension of the policy

Place: Date 

Claimant's/Insured Signature

**ICICI Lombard General Insurance Company Limited**

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**Annexure XXIII POLITICAL RISK AND CATASTROPHE EVACUATION**Place of loss 

Please detail out the above reason for Evacuation (how, where, when and reason for the same) Incident details:

Evacuation Date  : 

Details of Losses/ Expenses Incurred

Sr. No.	Loss/ Expenses Details	Claimed currency	Amount
Total			

Place: Date 

Claimant's/Insured Signature

**CRUISE COVERS****Annexure XXIV MISSED SHORE COVER**Date of Loss Cause/Circumstances leading to loss (Incident details) – Name(s) of missed shore(s) Option to input multiple shores Claimed Amount Claimed Currency Place: Date 

Claimant's/Insured Signature

**Annexure XXV CRUISE INTERRUPTION**Cause/Circumstances leading to loss (Incident details) – Place of loss Original travel Date  Time Cruise interrupted Date Claimed Amount Claimed Currency Place: Date 

Claimant's/Insured Signature

**Annexure XXVI MEDICAL COVER ON CRUISE /**All fields same as that of hospitalisation cover Place: Date 

Claimant's/Insured Signature

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**Annexure XXVII UNUSED EXCURSIONS**

Incident details

Date of Loss

Claimed Amount

**Annexure XXVIII PERSONAL LIABILITY/ COURT ATTENDANCE COVER**

Contingency/Reasons for personal liability

☐ Accidental death or injury to any third party ☐ Accidental loss of or damage to property of any third party

☐ Accidental loss or damage to temporary holiday accommodation which is not owned by You arising on account of an Accident

☐ Others -

Cause/Circumstances leading to loss (Incident details) –

Date of Loss

Place of Loss

Claimed Amount

Claimed Currency

Place: Date 

Claimant's/Insured Signature

**Annexure XXIX CAR RENTAL COVER (EXCESS) / RENTAL VEHICLE RETURN/CAR RENTAL COVER (FULL COVERAGE)**

Contingency/Reasons leading to claim

☐ Accidental collision or theft of rented car ☐ Damage to rental car

Date of loss

Place of loss

Cause/Circumstances leading to loss (Incident details) –

Details of Losses Incurred:

Sr. No.	Loss Details	Claimed currency	Amount
<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"/>	<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"/>
Total		<input type="text"/>	<input type="text"/>

Place: Date 

Claimant's/Insured Signature

**Annexure XXX HIJACK DISTRESS COMPENSATION**

Incident details

Port of Hijack

**ICICI Lombard General Insurance Company Limited**

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Toll free no : 1800 2666  
Alternate no : 86552 22666 (Chargeable)  
Website : www.icicilombard.com  
E-mail : customersupport@icicilombard.com

Port of Release

Dates of Hijack From         To

Claimed Currency

Claimed Amount

Place:

Date

Claimant's/Insured Signature

#### Annexure XXXI FINANCIAL EMERGENCY CASH ALLOWANCE (LUMP SUM)

Please select the type of benefit opted – ☐ Lump sum ☐ Per Day Basis

Date of Loss

Reason and circumstances of Loss

Place of loss

Claimed amount

Claimed currency

I hereby declare that the above reason was the sole reason for the loss of my Travel Funds. I also declare that there are no other sources of funds available to me and the financial assistance required by me are needed on an urgent basis to prosecute the remainder of my trip. I have made all efforts to recover my money unsuccessfully, and if I do secure my money at a future date,

I shall repay to the Company the total claim amount given to me.

Place:

Date

Claimant's/Insured Signature

#### Annexure XXXII FIRE AND ALLIED PERILS (HOME BUILDING & CONTENTS) / BURGLARY (HOME CONTENTS)

Address of property where loss was sustained

Date of Loss

Cause of Loss: Exact description of nature of loss and it causes (in case of burglary, how was forceful entry gained into the premises and who is suspected of the same):

Details of Loss Incurred:

Sr. No.	Items lost due to fire/ burglary	Claimed currency	Amount
<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"/>	<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"/>
Total		<input type="text"/>	<input type="text"/>

Place:

Date

Claimant's/Insured Signature

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E-mail : customersupport@icicilombard.com

**ANNEXURE XXXIII SECTION A - PET CARE AND VETERINARY HOSPITALIZATION - WHEN PET NOT TRAVELLED WITH INSURED / SECTION A - PET CARE AND VETERINARY HOSPITALIZATION - WHEN PET TRAVELLED WITH INSURED /OUT OF POCKET EXPENSES FOR PET CARE DUE TO TRIP DELAY**

Did the pet travel with you for the journey ☐ Yes ☐ No

MEDICAL TREATMENT DUE TO INJURY

Dates of Treatment From         To

Date of Injury

Date Doctor Contacted

Cause/circumstances leading to loss (Incident details) -

Place of loss

MEDICAL TREATMENT EXPENSES DETAILS

Sr. No.	Details of treatment/ expenses	Date	Claimed currency	Expenses in Foreign Currency / Indian Rupee (As applicable)
Total				

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

Date

Claimant's/Insured Signature

**Annexure XXXIV TRAVEL LOAN SECURE (SI IN INR)**

Contingency/ reasons leading to claim – ☐ Death ☐ Disability

Date of Loss

Incident Details

Place of Loss

Claimed Amount

Claimed Currency

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

Date

Claimant's/Insured Signature

**Annexure XXXV LANGUAGE INTERPRETER**

Date of hospitalization

Cause/Circumstances leading to loss (Incident details) –

Place of loss

Claimed amount

Claimed currency

Documents to be submitted in support of the claim

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

Date

Claimant's/Insured Signature

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**Annexure XXXVI ESCORT OF MINOR CHILDREN**

Contingencies leading to loss –

List of contingency ☐ Insured hospitalized ☐ Insured deceased ☐ Others - Date of loss Cause/Circumstances leading to loss (Incident details) – Place of loss Place: Date 

Claimant's/Insured Signature

**Annexure XXXVII GOLFER'S HOLE IN ONE**Date of event Details of event Place of event Claimed currency Claimed amount Place: Date 

Claimant's/Insured Signature

**Annexure XXXVIII REIMBURSEMENT OF GREEN FEES**Date of injury/hospitalization Details of injury/illness leading to cancellation Place of loss/event Claimed amount Claimed currency Place: Date 

Claimant's/Insured Signature

**Annexure XXXIX UPGRADATION TO BUSINESS CLASS**Date of injury/hospitalization Details of injury/illness /Incident details leading to hospitalization Place of loss Claimed amount Claimed currency Place: Date 

Claimant's/Insured Signature

**Annexure XXXX QUARANTINE COVER**Quarantine start date – Quarantine end date – Details of illness leading to hospitalization/quarantine Date of hospitalization (admission/treatment) Date of discharge **ICICI Lombard General Insurance Company Limited**

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Website : www.icicilombard.com

E-mail : customersupport@icicilombard.com

Claimed amount   
Claimed currency   
Hospital name   
Hospital address   
☐ OPD ☐ IPD

Place:

Date

Claimant's/Insured Signature

#### Annexure XXXXI BAIL BOND

Name and contact number of detaining authority

Offense for which insured is under custody

Is the offense bailable as per the law of the country – ☐ Yes ☐ No

Date of incidence

Incidence details

Place of loss

Claimed amount

Claimed currency

Place:

Date

Claimant's/Insured Signature

#### Annexure XXXXII KIDNAP DISTRESS ALLOWANCE

Date of incidence

Place of incidence

Details of incident

Claimed amount

Claimed currency

Place:

Date

Claimant's/Insured Signature

**ALL CLAIM SETTLEMENTS SHOULD BE MADE THROUGH NEFT (AS PER IRDA CIRCULAR), PLEASE PROVIDE YOUR BANK ACCOUNT DETAILS.**

### CLAIM DETAILS

Patient's Name: (in respect of whom claim is made):

\_\_\_\_\_

Policy Number:

\_\_\_\_\_

Card No./ UHID No.:

\_\_\_\_\_

Claim Number (if allotted):

\_\_\_\_\_

Mobile/ Contact No.:

\_\_\_\_\_

**As per IRDA Circular No.: IRDA/F&A/CIR/GLD/056/02/2014, Proposer's/ policy holder's bank account details are mandatory to process the claim through EFT.**

**Please provide ANY ONE of the below documents of proposer/ policy holder-**

☐ Please provide a self-attested copy of a valid Identity proof of the Proposer/Policy holder (provide any of the mentioned documents in Proof of Identity under Part-D)

☐ Cancelled cheque copy

☐ Bank attested copy of Passbook with IFSC code

**Please provide the below details (all fields are compulsory)**

### BANK DETAILS

Proposer/ policy holder Name\*(as per bank records)

\_\_\_\_\_

Proposer/ policy holder Bank Account No.

\_\_\_\_\_

Name of the Bank

\_\_\_\_\_

Branch Name

\_\_\_\_\_

Address of the Bank

\_\_\_\_\_

\_\_\_\_\_

IFSC code no. of the Bank

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**\* Proposer/ policy holder is the person who has paid premium for the policy. All the above details and document(s) should be of Proposer/ policy holder only.**

Terms and Conditions for Payments through RTGS/ NEFT

1. The details provided by the Proposers/ policy holder 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 Proposer(s)/ policy holder 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 Proposer/ policy holder agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Proposer/ policy holder Accounts No. 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 Proposer/ policy holder 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 Proposer/ policy holder 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 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.

### 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: ICITOP25036V01242

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg, Off Veer  
Savarkar Road, Near Siddhi Vinayak Temple,  
Prabhadevi, Mumbai - 400025.

TRIPSECURE+ CLAIM FORM

Toll free no : 1800 2666

Alternate no : 86552 22666 (Chargeable)

Website : www.icicilombard.com

E-mail : customersupport@icicilombard.com

6. A confirmation of the receipt of termination notice given by the Proposer/ policy holder will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Proposer/ policy holder construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Proposer/ policy holder stating the date of receipt of such communication by the Proposer/ policy holder.
7. The Proposer/ policy holder agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Proposer's/ policy holder's bank, shall be borne by the Proposer/ policy holder only.
8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Condition 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 Proposer/ policy holder 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](http://www.icicilombard.com) or by sending them by post to the last address of the Proposer/ policy holder.
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 Proposer/ policy holder 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 Proposer/ policy holder.

Account holder's Signature

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KYC IS REQUIRED ONLY FOR INDIVIDUAL/ RETAIL POLICY HOLDERS IF THE TOTAL CLAIMED AMOUNT EXCEEDS ₹ 100,000.

## CLAIM DETAILS

Patient's Name: (in respect of whom claim is made):

Policy Number:

Card No./ UHID No.:

Claim Number (if allotted):

Mobile/ Contact No.:

The below KYC documents are mandatory as per AML guidelines by IRDA

- ☐ Two passport size photos of Proposer (stick in the space provided below)
- ☐ One photocopy of proof of identity of Proposer (any 1 in the below list)
- ☐ One photocopy of proof of residence of Proposer (any 1 in the below list)

## (Any one of below mentioned documents required)

- ☐ Passport
- ☐ PAN card
- ☐ Voter's Identity card
- ☐ Driving license
- ☐ Personal identification and certification of the employees of the insurer for identity of the prospective policyholder.
- ☐ Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number.
- ☐ Job card issued by NREGA duly signed by an officer of the State Government
- ☐ Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2© of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer
- ☐ Proof of Residence
- ☐ Electricity bill
- ☐ Ration card
- ☐ Letter from any recognized public authority
- ☐ Current statement of bank account with details of permanent/ present residence address (as downloaded)
- ☐ Current passbook with details of permanent/present residence address (updated upto the previous month)
- ☐ Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof.
- ☐ Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract
- ☐ Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

## Proofs of (both) Identity and Residence

- ☐ Passport
- ☐ Written confirmation from the banks where the prospect is a customer, regarding identification and proof of residence.
- ☐ Current passbook with details of present/ permanent residence address (updated to the previous month)
- ☐ Current statement of Bank account with details of present/ permanent residence address (as downloaded)

Stick  
Proposer's  
PhotographsStick  
Proposer's  
Photographs

Claimant's Signature

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