

**Overview Health Claim Form - Hospitalization**

Part A		To be filled	Requirement
A1	Type of Claim- To be filled by Insured	By insured/ insured relatives	To track the policy and other details of the insured
A2	Details of the insured person-To be filled by Insured		
A3	Available in Policy Copy/ Employee details		
A4	Available in Policy Copy		
A5	Available in Discharge Summary		
A6	Other policy coverages		
A7	Currently covered by any other mediclaim		
A8	Available in Hospital Bills/ Self Declaration		
A9	Available in Hospital Bills		
A10	Checklist		
A11	Reason of delay-To be filled by Insured		
Page end	Self declaration		
Part B			
B1	Hospital Details	To be filled by Hospital/ Treating doctor	To track the hospital details and the treatment details related to the patient admission
B2	Doctor Details		
B3	Patient details		
B4	Treatment / Procedure Details		
B5	Required only for Retail/ Individual Customers		
Page end	Hospital declaration		
Part C			
C1	EFT Details	Copy of cancelled cheque/Copy of passbook or bank statement with Payee/account holders name and IFSC code	
<b>C-KYC No.</b>	<b>(Only for Retail/ Individual customers for all claims)</b>		
Yes	Please provide, if Central KYC (C-KYC) no. available:  <input type="text"/>	To be filled by Insured	As per IRDA, C-KYC is mandate for for all claims
No	Please fill the C-KYC form		

**Documents Submitted**

S.No.	Document	Yes	No	Type of document
1.	<b>Claim form duly filled</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Original</b>
2.	<b>Discharge Summary/ Daycare Summary</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Original</b>
3.	<b>ICICI Lombard Health card</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Original</b>
4.	<b>Final Hospital Bill</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Original</b>
5.	<b>Payment Receipts</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Original</b>
6.	<b>Investigation Reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Original</b>
7.	<b>Pharmacy Bills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Original</b>
8.	<b>Implant Sticker/ Invoice</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Original</b>
9.	<b>EFT (Copy of cancelled cheque/Copy of passbook or bank statement with Payee/account holders name and IFSC code)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Photocopy</b>
10.	Consultation Paper	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
11.	Age Proof	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
12.	Indoor Case Paper	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
13.	Doctor Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	Photocopy
14.	C-KYC Form (Only for Retail/ Individual customers for all claims)	<input type="checkbox"/>	<input type="checkbox"/>	Original
15.	<b>PAN Card Copy of the Proposer/ Employee (Mandatory if claim amount is greater than 1 lakh)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Photocopy</b>



c) Details of Lump Sum/ Cash Benefit claimed:

i. Hospital daily cash: ₹

ii. Maternity: ₹

iii. Critical illness/PA/Donor Expenses: ₹

iv. Convalescence: ₹

v. Pre/ Post hospitalization lump sum benefit: ₹

vi. Others: ₹

**A9. Details of the amount claimed**

Bill heads (as applicable)	Bill number	Bill date	Bills attached	Amount
Room rent		<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"/>
Doctors consultation/Visit charges		<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"/>
Investigation charges (Includes Radiology and Pathology reports)		<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"/>
Surgeon and Asst. surgeon charges		<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"/>
Anesthetist charges & Operation theatre charges		<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"/>
Equipment charges/ Procedure charges		<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"/>
Cost of implant (If any)		<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"/>
Medicine charges & Pharmacy charges		<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"/>
Taxes/Surcharges/Service		<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"/>
Discount provided by Hospital/Miscellaneous charges		<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"/>
Other TPA/Insurance settled 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"/>
Pre hospitalization bills & Post hospitalization bills (If any)		<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"/>
<b>Total claimed amount (In ₹)</b> (Total claimed amount should be equal to the amount in attached bill documents)				₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Mandatory: All claim settlements should be made through NEFT(AS per regulatory norms) Please provide your bank account details along with Copy of cancelled cheque/Copy of passbook or bank statement with Payee/account holders name and IFSC code.)**

**A10.** In support of the above claim, I enclose following documents in original (Please indicate by ticking in the Yes/ No column below)

Type of Document(s) - *Mandatory	Yes	No	Type of Document(s) - As Applicable	Yes	No
1. Claim form duly filled and signed*	<input type="text"/>	<input type="text"/>	9. ICICI Lombard GIC Authorisation Letter	<input type="text"/>	<input type="text"/>
2. Cancelled cheque (for bank account details)	<input type="text"/>	<input type="text"/>	10. Implant name and invoice (if any) with implant sticker	<input type="text"/>	<input type="text"/>
3. Discharge summary*	<input type="text"/>	<input type="text"/>	11. Indoor Case Papers	<input type="text"/>	<input type="text"/>
4. Hospital bills, Final/ Main hospital bill and other bills (if any)*	<input type="text"/>	<input type="text"/>	12. Prescription papers/ Consultation papers	<input type="text"/>	<input type="text"/>
5. Hospital payment receipt & other receipts supporting bills*	<input type="text"/>	<input type="text"/>	13. C-KYC FORM (Only for Retail/Individual customers for all claims)	<input type="text"/>	<input type="text"/>
6. Investigation reports* (Including ECG/ CT/ MRI/ USG/ HPE)	<input type="text"/>	<input type="text"/>	14. Others (details) _____	<input type="text"/>	<input type="text"/>
7. Medicine/ Pharmacy bills with doctors prescription*	<input type="text"/>	<input type="text"/>			
8. Age proof (Driving License/ PAN card/ Passport)	<input type="text"/>	<input type="text"/>			

Kindly **do not** furnish **Aadhaar card** and send any other document for id proof

**Please attach all the documents as per above serial number.** Films like x-ray film, CT Scan film, MRI Scan film, etc. are not required. Provide reports only

**A11. Please provide the reason for delay in submitting the documents**

(Post 30 days from Date of Discharge)

Provide Details (If Applicable)

**Declaration by the Insured:**

I hereby declare that the information furnished in this claim form is true and correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent and authorize TPA/ insurance company, to seek necessary medical information/ documents from any hospital/ Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills/ receipts for the purpose of this claim and that I will not be making any supplementary claim except the pre/ post-hospitalization claim, if any. 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.

Date:   /   /

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

Insured's Signature: \_\_\_\_\_

क्लेम फॉर्म हिन्दी के लिए कृपया हमारी वेबसाइट पर जाँच कीजिए : [www.icicilombard.com](http://www.icicilombard.com)

**Claim documents to be dispatched to:** ICICI Lombard Healthcare, Varun Tower II, 1st, 4th, 5th & 6th Floor, Begumpet, Hyderabad, Telangana, Pincode – 500016.

In case the policy is serviced by external TPA, please dispatch the claim documents to respective TPAs.

^ Your Claim details are just an SMS away, Please SMS <KEYWORD> to 57 57 58

• Cashless Status: <KEYWORD> is "ILHC AL <12-digit-AL-No.>" • Claim Status: <KEYWORD> is "ILHC CL <12-digit-CL-No.>" • Payment details: <KEYWORD> is "ILHC PAY <12-digit-Claim-No.>"

(AL No. & CL No. is the one you have received on your mobile no. after intimating us)



- **Mandatory: All claim settlements should be made through NEFT(as per regulatory norms) Please provide your bank account details along with Copy of **Cancelled cheque** Copy of passbook or bank statement with Payee/account holders name and IFSC code.)**
- **Kindly provide your consent to validate your bank account details with ₹1 credit for claim processing in your account as per below grid. To be added along with Mandatory NEFT info.**

**C1. Patient's Name:** \_\_\_\_\_  
(in respect of whom claim is made):

**C2. PAN No. of the Proposer (Mandatory if claim amount is greater than 1 lakh)** \_\_\_\_\_

**C3. Card No./ UHID No.:** \_\_\_\_\_

**C4. Claim Number (if allotted):** \_\_\_\_\_

**C5. Mobile/ Contact No.:** \_\_\_\_\_

**C6. Email:** \_\_\_\_\_

**C7. 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 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

**C8. Please provide the below details (all fields are compulsory)**

- Proposer (Policy holder)/ Employee name\* (as per bank records): \_\_\_\_\_
- Proposer/ Policy holder Bank account: \_\_\_\_\_
- 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)

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

**For Retail policy, Name & Account details of Proposer required. For Corporate policy, Employee Name & Account details required.**

**Terms and Conditions for Payments through RTGS/ NEFT**

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- Notices under these Terms and Conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website [www.icicilombard.com](http://www.icicilombard.com) or by sending them by post to the last address of the Proposer/ policy holder.
- These Terms and Conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Proposer/ policy holder 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 Proposer/ policy holder.

## Know Your Customer (KYC)

With reference to IRDAI Circular No. IRDAI/SDD/MISC/CIR/135/07/2016, KYC details are required for Individual/ Retail policy holders for all claims.

To be filled by Proposer: KYC Number  (Mandatory for KYC update request)  
 If KYC Number is not available, please fill this Central-KYC (C-KYC) form

### 1. PERSONAL DETAILS

<input type="checkbox"/> Name* (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Maiden Name (If any*)				
<input type="checkbox"/> Father / Spouse Name*				
<input type="checkbox"/> Mother Name*				
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> Transgender			

PHOTO

Signature / Thumb Impression

### 2. PROOF OF IDENTITY (PoI)\* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar^)	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

### 3. PROOF OF ADDRESS (PoA)\*

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar^)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others <input type="text"/>		
	<input type="checkbox"/> Simplified Measures Account - Document Type code <input type="text"/>		<input type="text"/>		

Address

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State / U.T Code\*  City / Town / Village\*  ISO 3166 Country Code\*

^ Mask first 8 digits of your aadhaar number in claim form and claim documents submitted.

Account Holder's Signature



**Mailing Address:** ICICI Lombard Healthcare, Varun Tower II, 1st, 4th, 5th & 6th Floor, Begumpet, Hyderabad, Telangana, Pincode – 500016.

**Registered Office Address:** ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

**Visit us at:** www.icicilombard.com. • **E-Mail us at:** ihealthcare@icicilombard.com. • **Toll Free Number:** 1800 2666.

• **Toll Free Fax Number:** 1800 209 8880 • **IRDA Registration No.** 115