

एलपीजी ग्राहक दुर्घटना बीमा

पब्लिक लाईबिलिटी पॉलिसी के तहत एलपीजी ग्राहकों के लिये बीमा रिस्क कवर की संक्षिप्त सूचना :-

1. सरकारी तेल कम्पनी इण्डियन ऑयल कॉर्पोरेशन लि० भारत पेट्रोलियम कॉर्पोरेशन लि० व हिन्दुस्तान पेट्रोलियम कॉर्पोरेशन लि० द्वारा एलपीजी ग्राहकों के लिये एक बीमा पॉलिसी, प्रभाव में है, जो कि पब्लिक लाईबिलिटी पॉलिसी के नाम से संपादित की गई है। उक्त बीमा पॉलिसी सभी रजिस्टर्ड एलपीजी उपभोक्ताओं के लिये उपलब्ध है।
2. उक्त बीमा पॉलिसी का कवरेज निम्न प्रकार होगा:-
 - रजिस्टर्ड उपभोक्ता के रजिस्टर्ड निवास पर एलपीजी से घटित होने वाली किसी भी दुर्घटना के लिये मान्य है।
 - ग्राहक द्वारा सिलेण्डर गोदाम से वहन करते हुए भी रास्ते में एलपीजी से घटित दुर्घटना पर।
 - बहुमंजिला इमारतों में लगे हुए एलपीजी Reticulated Systems (समेकित आपूर्ति तंत्र) से घटित दुर्घटना पर।
 - रसोई घर में गैस सिलेण्डर लगाते और हटाते समय होने वाली अग्नि दुर्घटना आदि पर।
3. एलपीजी से घटित होने वाली दुर्घटनाओं पर क्षतिपूर्ति/दावा का विवरण:-

विवरण-ए :- एलपीजी से घटित होने वाली दुर्घटना से सम्पत्ति के नुकसान पर अधिकतम एक लाख रुपये

विवरण-बी :- एलपीजी से घटित होने वाली व्यक्तिगत दुर्घटना पर चिकित्सा खर्च पर अधिकतम एक लाख रुपये तथा तत्काल सहायता 25,000/-रुपये प्रति व्यक्ति।

विवरण-सी :- एलपीजी से घटित होने वाली दुर्घटना में मृत्यु होने पर 10 लाख रुपये प्रति व्यक्ति।

विवरण-डी :- एलपीजी से घटित होने वाली दुर्घटना से व्यक्ति की विकलांगता/शारीरिक क्षति होने पर क्षति की स्थिति पर आधारित बीमा कम्पनी द्वारा तय क्षतिपूर्ति देय होगी।

दावा क्षतिपूर्ति प्रक्रिया :- एलपीजी से घटित होने वाली दुर्घटना पर दावा क्षतिपूर्ति की कार्यवाही संबंधित कम्पनी द्वारा ही संपादित की जायेगी।

उपभोक्ता दुर्घटना से संबंधित निम्न दस्तावेज कम्पनी को प्रस्तुत करेंगे :-

1. व्यक्ति की मृत्यु होने पर मृत्यु प्रमाण-पत्र/पोस्टमार्टम रिपोर्ट/कोसेनर्स रिपोर्ट/इन्क्वेस्ट रिपोर्ट इनमें से जो लागू हो।
2. पुलिस रिपोर्ट।
3. मेडिकल बिल व चिकित्सा खर्च का बिल इत्यादि।

यह उपभोक्ता की जिम्मेदारी है कि वह एलपीजी से दुर्घटना होने की जानकारी तत्काल संबंधित गैस वितरक, तेल कम्पनी, निकटतम पुलिस थाना एवं अग्निशमन विभाग को देगा।

उपरोक्त पब्लिक लाईबिलिटी पॉलिसी की संक्षिप्त जानकारी है। विस्तृत व अधिकृत जानकारी के लिये कृपया संलग्न बीमा पॉलिसी को देखें, जिसका लिंक विभागीय वेबसाईट

food.raj.nic.in पर उपलब्ध है।

Attached & forming part of
Policy no.4008/116171665/00/000

POLICY SCHEDULE

1	Policy No	4008/116171665/00/000
		Indian Oil Corporation Ltd Indian Oil Bhawan, Bandra (E), Mumbai-400051
2	Insured	Bharat Petroleum Corporation Ltd Bharat Bhawan, Ballard Estate, Mumbai -400001
		Hindustan Petroleum Corporation Ltd Hindustan Bhawan , Ballard Estate, Mumbai -400001
3	Policy Period	From: May 02, 2016 To May 01, 2017
4	Territorial Limit	India
5	Jurisdiction Limit	India
6	Limit of Liability	INR 100 Crores Each Accident and in the Aggregate for Section I but for the section II sub-limited to INR 10Crores Each accident and in the Aggregate

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Attached & forming part of
Policy no.4008/116171665/00/000

Section I:

Any accident resulting in death or bodily injury to any person or damage to property in connection with trade, business of the insured, such accident occurring at

- a) Customer's Registered Premises
- b) Registered Dealers Premises
- c) During Transit when such LPG cylinders are in hands of Registered Transport Contractor whilst carrying such LPG cylinder from Oil Co. to distributors premises
- d) Whilst LPG cylinder in transit carried by dealer's employees to customers premises or by customer under cash to carry system
- e) Whilst arriving out of the use of LPG supplied by the insured in reticulated systems, community kitchen, other application like geysers, lighting, generator sets, irrigation pumps etc.
- f) Whilst the cylinder is being connected to the LPG installation and whilst being disconnected from the LPG installation while it is being used at registered premises.

7 Details of Insurance

For Section I

Per Event : Rs. 50 lakhs

Per Person : Rs. 10 lakhs

Per Year : Rs. 100 Crores

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Attached & forming part of

Policy no.4008/116171665/00/000

Section II:

Personal Accident cover to third Parties and customers and property damage at authorized customer's registered premises

- a) Personal accident for : Rs. 6lakhs per person per accident
- b) Medical Expenses : Rs. 30lakhs per event (maximum Rs. 2lakh per person) Immediate relief up to Rs. 25,000/-
- c) Property Damage: Maximum Rs. 2lakh per event at authorized customer's registered premises.
- d) Per Year : Rs. 10Crores

Cover for Personal Injury and Property Damage under Section II;

1. Whilst the filled LPG cylinders are carried out of the bottling plant
2. Whilst the filled LPG cylinders are in transit in the hands of approved transporters
3. Whilst the filled LPG cylinders are stored in the distributor's premises
4. Whilst the filled LPG cylinders are in transit from distributor's premises to registered customer's premises and /or whilst the filled and empty cylinders are in transit from the registered customer's premises to the distributor's premises
5. Whilst the filled LPG cylinders are lying in the registered customer's premises
6. Whilst the empty cylinders are being carried back to the bottling plant
7. Whilst arising out of the use of LPG supplied by the insured in Reticulated system, Community Kitchens, other applications like geysers, lighting, generator sets and irrigation pumps etc

Attached & forming part of

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8. Whilst the cylinder is being connected to LPG installation and being disconnected from LPG Installation

9. LPG used in Educational Institutions, Research Laboratories, Govt./Municipal Hospitals, Midday meal schemes, Social Welfare Institutions being run for Child welfare/women welfare / social welfare Institutions (Children homes, Old age homes, and homes for disabled persons etc.)

10. Restaurants, Hotels, private Hospitals / Clinics, Poultry Farms, Grain drain, brick kilns, Ceramic Industry, Agricultural applications, cottage Industry, heat treatment, Glass Industry, any other Industry using LPG. These applications constitute about 1.5 % of the total turnover.

11. Customers having 5 kg cylinders and taking 5 kg cylinder supplies from our LPG Distributors and Retail Outlets

8 Premium

Rs 6,29,75,000 including Service Tax

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ICICI Lombard General Insurance Company Limited.

ICHZC 1753101

Mailing Address: Ground and 4th Floor, Interface 11, Office Number 401 and 402, New Link Road, Malad (West), Mumbai - 400 064.

Registered Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhivinayak Temple, Prabhadevi, Mumbai - 400 025.

Disclaimer: "This stationary is not valid if used for any purpose other than policy printing."

Attached & forming part of
Policy no.4008/116171665/00/000

The stamp duty of Rs. 0.50/- (Fifty Paise Only) paid in cash or by demand draft or by pay order, vide Receipt/Challan No.8401698 dated 23rd MARCH 2016

Signed for and on behalf of **ICICI Lombard General Insurance Company Limited, at Mumbai** on this date **MAY 02, 2016.**



Mr. Sanjay Datta
Authorised Signatory

Service Tax Reg. No.: GIS/Mumbai – I/1528/2001

Service Tax Code Number – AAACI7904GST001

Category:General Insurance Business Services 00440005

Policy shall stand cancelled ab initio in the event of non-realization of the premium."

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PUBLIC LIABILITY POLICY

WHEREAS the insured designated in the schedule hereto has made or caused to be made to ICICI LOMBARD GENERAL INSURANCE COMPANY LTD. (Herein after called "the Company") a proposal and declaration which shall be the basis of this contract and be deemed to be incorporated herein for the insurance hereafter contained and has paid the premium stated herein.

NOW THIS POLICY WITNESSETH that subject to the terms limitations exceptions and conditions contained herein or endorsed here-on the company will indemnify the insured as per section I and section II hereinafter mentioned to the extend provided hereinafter during the period stated in the schedule or during any subsequent period for which the company shall accept the renewal premium.

SECTION - I

LEGAL LIABILITY:

The Company will indemnify the insured against their legal liability to pay compensation including the claimant cost, fees and expenses anywhere in India in accordance with Indian law in the event of:

(a) Accidental bodily injury to any person (not being a person engaged in and upon the service of the insured at the time of occurrence giving rise to such injury not a person claiming against the Insured under any workmen's compensation Act)

(b) Accidental damage to property (not being property of or belonging to or in the custody or under the control of the Insured or any person in the services of the Insured or upon which the insured or any such person is or has been working if that damage result directly from such work) happening during the period of insurance specified in the schedule in connection with Trade/Business as described in the schedule.

SECTION - II

PERSONAL ACCIDENT COVER TO THIRD PARTY AND DAMAGE AT AUTHORISED CUSTOMER'S REGISTERED PREMISED:

(a) If any person shall sustain bodily injury solely and directly caused by accidental violent external and visible means arising from usage of LPG cylinder during the policy period as defined in schedule, resulting in death or disablement as stated hereinafter the Company shall pay to the Insured the persons named in the Schedule or his/her assignee/his/her legal personal representative the sum or sums hereinafter set forth, that is to say:

1. If such injury shall within twelve (12) calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the sum insured stated in the Schedule hereto applicable to such insured person.

2. If such injury shall within twelve (12) calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

i. Sight of both eyes, or of the actual loss by physical separation of the two entire hands or two entire feet or of one entire hand and one entire foot or of such loss of sight of one eye the sum insured state in the Schedule hereto

ii. Use of two hands or two feet, or of one hand and one foot or of such loss of sight of one

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eye and such loss of use of hand or one foot, the sum insured stated in the Schedule hereto

3. If such injury shall within twelve (12) calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of ; -
- i. The sight of one eye or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of sum insured stated in the schedule hereto, applicable to such insured person.
 - ii. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the sum insured stated in the schedule hereto applicable to such insured person.

For the purpose of clause (2) and (3) above, physical separation of a hand or foot means separation at or above the wrist and/or the foot at or above the ankle respectively.

4. If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the sum insured stated in the schedule hereto applicable to such insured person.
5. If such injury shall within twelve (12) calender months of its occurrence be the sole and direct cause of the total and or partial irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of sum insured as indicated below shall be payable:-

INJURY	PERCENTAGE OF CAPITAL SUM INSURED
1. Loss of Toes	
All	20
Great-both phalanges	5
Great-one phalanx	2
Other than great, if more than one toe lost, each toe.	1
2. Loss of hearing	
Both ears	50
One ear	15
3. Loss of thumb and four fingers of one hand	40
4. Loss of four fingers	35
5. Loss of thumb	
Both phalanges	25
One Phalanx	10
6. Loss of index finger	
Three Phalanges	10
Two Phalanges	8
One Phalanx	4
7. Loss of middle finger	

Three Phalanges	6
Two Phalanges	4
One Phalanx	2
8.Loss of ring finger	
Three Phalanges	5
Two Phalanges	4
One Phalanx	2
9.Loss of little finger	
Three Phalanges	4
Two Phalanges	3
One Phalanx	2
10.Loss of metacarpuses	
First or second (additional)	3
Third, fourth or fifth (Additional)	2

Any other Permanent Partial Disablement percentage as assessed by the doctors

Exceptions applicable to Medical Expenses:

The company shall not be liable under this section for:

- a) Compensation under more than one of the foregoing clauses in respect of the same period of disablement;
- b) Any other payment after a claim under one of the clause (1), (2), (3) or (4) has been admitted and become payable;
- c) Any payment in case of more than one claim under the section during any one period of insurance by which the maximum liability of Company in that period would exceed the Sum payable under Clause (1) of this policy;
- d) Payment of compensation in respect of death, injury or disablement of the insured person from
(a) Intentional Self Injury, Suicide or attempted suicide (b) whilst under the influence of intoxicating liquor / drugs (c) arising or resulting from the insured committing any breach of the law with criminal intent.

EXCLUSION/EXCEPTIONS:

This policy does not cover liability:

1. Assumed by the Insured by agreement and which would not have attached in the absence of such agreement.
2. Arising out of earthquake, earth tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar convulsions of nature and atmospheric disturbance.
3. Arising out of deliberate, willful or intentional non compliance of any Statutory Provision and non fulfillment of maintenance or proper quality control.

4. Arising out of loss or pure financial nature such as loss of goodwill, loss of market etc.
5. (a) Arising out of all personal injuries such as libel, slander, false arrest, wrongful eviction, wrongful detention, defamation, etc., and mental injury, anguish, or shock resulting there from.
(b) Infringement of plans , copyright, patent, trade mark, registered design.
6. Arising out of fines, penalties, punitive or exemplary damages or any other damages resulting from the multiplication of compensatory damage.
7. Directly or indirectly occasioned by happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection or military or usurped power.
8. Directly or indirectly caused by or contributed by
 - (a) Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - (b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
9. This policy does not cover liability for claims arising out of: The ownership, possession of, use by or on behalf of the insured of any motor vehicle or trailer for which compulsory insurance is required by legislation other than the following:
 - (a) Claims caused by use of any tool or plant forming part of or attached to or used in connection with any motor vehicle or trailer.
 - (b) Claims arising beyond the limits of any carriageway or thoroughfare caused by the loading or unloading of any motor vehicle or trailer.
 - (c) Claims for damage to any bridge, weigh bridge, road or anything beneath caused by weight of any motor vehicle or trailer or of the load unloaded therein.
 - (d) Claims arising out of any motor vehicle or trailer temporarily in the Insured's custody or control for the purpose of parking
10. Transportation of materials and/or hazardous/ dangerous substances outside Insured's premises unless specifically covered (except LPG cylinder empty and/or filled).
11. The ownership, possession or use by or on the behalf of the Insured of any aircraft, watercraft or hover-craft.
12. Damage to property owned, leased or hired or under hire purchase or on loan to the insured or otherwise in the Insured's care custody or control other than
 - (a) Premises (or the contents thereof) temporarily occupied by the Insured for work thereon or other property temporarily in the Insured's possession for work thereon (but no indemnity is granted for damage to the part of the property on which the Insured is working and which arises out of such work)
 - (b) Employees and visitor's clothing and personal effects.

- (c) Premises tenanted by the Insured to the extent that the Insured would be held legally liable in the absence of any specific agreement.
13. Injury and/or damage occurring prior to the Retroactive Date in the Schedule. Provided always that in the event of any injury or damage arising from continuous or continual inhalation, ingestion or application of any substance following the covered accident and where the Insured and Company cannot agree when the injury or damage occurred, the
- (a) Injury should be deemed to have occurred when the claimant first consulted a qualified medicine practitioner in respect of such injury.
- (b) Damage shall be deemed to have occurred when it became first evident to the claimant even if the cause was unknown.
14. The deliberate conscious or intentional disregard of the Insured's technical or administrative management of the need to take all reasonable steps to prevent claims.
15. Injury to any person under the contract of employment or apprenticeship with the Insured contractor(s) and/or Sub-Contractor(s) when such injury arises out of the execution of such contract.
16. Pollution howsoever caused unless specifically covered (Pollution means contamination of the atmosphere, water and land)

GENERAL CONDITIONS:

a) The Insured shall give written notice to the Company as soon as reasonably practicable of any claim made against the Insured (or any specific event of circumstances that may give rise to a claim, being made against the Insured) and which forms the subject of indemnity under this policy and shall give all such additional information as the Company may require. Every claim, write, summons, or process and all document relating to the event shall be forwarded to the company immediately they are received by the Insured.

b) No admission offer promise or payment shall be made or given by or on behalf of the Insured without the written consent of the Company.

c) The Company will have the right but in, no case the obligation, to take over and conduct in the name of Insured the defense of any claims and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defense of any claim may relinquish the same. All amounts expended by the Company in the defense settlement of payment of any claim will reduce the limits of indemnity specified in the schedule of the policy.

In the event of the company, in its sole discretion chooses to exercise its right pursuant to this condition, no action taken by the company in the exercise of such right will serve to modify or expand in any manner, the company's liability or obligation under this policy beyond what the company's liability or obligation would have been had it not exercised its rights under this condition.

d) The Insured shall give all such information and assistance as the company may reasonably require.

e) The insured shall give notice as soon as reasonably practicable of any fact, event or circumstance which materially changes the information supplied to the company at the time when this policy was effected and Company may amend the terms of this policy according to the materiality of such change.

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f) The Company may any time pay to the Insured in connection with any claim or series of claims under this policy to which an indemnity limit applies the amount of such limit (after deduction of any sums already paid) or any lesser amount for which such claims can be settled and upon such payment being made the Company shall relinquish the conduct and control of and be under no further liability in connection with such claims.

g) The policy and the schedule should be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this policy or the schedule shall bear such specific meaning wherever it may appear. The terms and exclusions of this policy (and any phrase or word contained therein) shall be interpreted in accordance with the Indian Law.

h) The insured shall keep the accurate record of annual turnover, which term shall include all livable duties and at the time of renewal of insurance declare such details as the Company may require. The Company shall at all reasonable times has full access to inspect such records.

i) At the time of happening of any event resulting into a liability under this policy, there by any other public liability insurance or insurance effected by the insured or by any other person covering the same liability, then the company shall not be liable to pay or contribute more than its ratable proportion of such liability.

j) This policy does not cover liability which at the time of happening of any event resulting into such liability, be insured by or would, but for the existence of this policy, be insured by, any other policy (but not public Liability Policy) or policies, except in respect of any excess/deductible beyond the amount which could have been payable under such policy/policies, had this Insurance not been effected.

k) This insurance may be terminate at any time at the request of Insured, in which case the Company will retain the premium at customary short period rate for the time the policy has been in force. This insurance may also at any time be terminated at the option of the Company, on 15 days' notice to that effect being given to the Insured, in which case the Company shall be liable to repay on demand a ratable proportion of the premium for the unexpired term from the date of the cancellation. In either case premium will be refunded only if there is no claim under the policy.

l) In the event of liability arising under the policy or the payment of a claim under this policy, the limited indemnity per any one year under the policy shall get reduced to the extent of quantum of liability to be paid or actual payment of such claim. Under no circumstances it shall be permissible to reinstate the aggregate limit of indemnity to the original level even on payment of extra premium.

m) It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within the 12 calendar months from the date of such disclaimer have been made the subject matter of suit in a court of law then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

n) The Company shall not be liable to make any payment under this policy in respect of any claim if such claim shall be in any manner fraudulent or supported by any statement or device whether by Insured or by any person on behalf of the Insured and/or if the insurance has been continued in consequence of any material information by or on the behalf of the Insured, and/or if the insurance has been continued in consequence of any material mis - statement or the non disclosure of any material information by or on behalf of the Insured.

o) No claim shall be payable under this policy unless the cause of action arises in India and the liability to pay claim is established against the insured in an Indian court. It is further agreed and understood that only Indian Law shall be applicable to any such action.

IMMEDIATE RELIEF:

Immediately on occurrence of an accident requiring hospitalization of victim(s), insurance will authorize an immediate relief of up to Rs 25,000 on confirmation of liability and production of "Immediate Relief Certificate" by the authorized representative of the insured. The amount so paid will be subject to adjustment in the final settlement of the claim.

COMPULSORY EXCESS:

The insured shall bear a compulsory excess of Rs 10,000 for Any One Accident under Section I, this excess shall be applicable to both a) Death/Bodily Injury b) Property Damage, inclusive of defense cost arising out of Any one Accident. The company's liability shall be for the claim in excess of such Compulsory Excess.

POLICY DISPUTE CLAUSE:

Any dispute concerning the interpretation of the terms conditions limitations, and/or exclusions, contained herein is understood and agreed to by both the Insured and the Company to be subject at Indian Law. Each party agrees to submit to the jurisdiction of any Court of competent jurisdiction within India and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such court.

Grievances

In case the Insured is aggrieved in any way, the Insured should do the following:

1. Call the Insurers at toll free number: 1800 2 666 or email the Insurers at insuranceonline@icicilombard.com<mailto:insuranceonline@icicilombard.com>
2. If the Insured are not satisfied with the resolution, then the Insured may successively write to the manager- service quality, corporate manager- service quality, national manager- operations & finally director-services and business development at the following address:

Office of The Governing Body of Insurance Council
(Monitoring Body for Offices of Insurance Ombudsman)
3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel no: 26106671/6889.
Email id: inscoun@gbic.co.in website: www.gbic.co.in

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If you have a grievance, approach the grievance cell of Insurance Company first.

If complaint is not resolved/ not satisfied/not responded for 30 days then

You can approach The Office of the Insurance Ombudsman(Bimalokpal)

Please visit our website for details to lodge complaint with Ombudsman.

- You have first approached your insurance company with the complaint and
 - They have not resolved it

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- Not resolved to your satisfaction or
- Not responded to it at all for 30 days
- Your complaint pertains to any policy you have taken in your capacity as an individual and The value of the claim including expenses claimed is not above Rs 20 lakh

<p>Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Ashram Rd, AHMEDABAD-380 014. Tel.:- 079-27545441/27546840 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23234057/23232037 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, GUWAHATI-781 001. Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, CC 27/26D3, Pullnat Bldg., M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road,Hazratganj, LUCKNOW-226 001. Tel : 0522-2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR - 302005. Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE - 411030. Tel: 020-32341320 Email: Bimalokpal.pune@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU - 560025. Tel No: 080-26652049/26652048 Email: bimalokpal.bengaluru@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA - 201301. Tel: 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in</p>
<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA - 800006 Tel No: 0612-2680952 Email id : bimalokpal.patna@gbic.co.in.</p>	

ICICI LOMBARD GENERAL INSURANCE COMPANY Ltd.

414, Veer Savarkar marg, prabhadevi Mumbai- 400 025

If the issue still remains unresolved, the Insured may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

The updated details of Insurance Ombudsman are available on IRDA website:

www.irdaindia.org <<http://www.irdaindia.org>>, on the website of General Insurance Council:

www.generalinsurancecouncil.org.in <<http://www.generalinsurancecouncil.org.in>>, Insurer's website

www.icicilombard.com <<http://www.icicilombard.com>> or from any of Insurer's offices.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

CIN: U67200MH2000PLC129408

Mailing Address:

Registered Office:

Toll free No. : 1800 2666

401 & 402, 4th Floor, Interface 11, ICICI Lombard House, 414, Veer Savarkar Marg,

Alternate No.: +919223622666 (chargeable)

New Linking Road, Malad (West), Near Siddhi Vinayak Temple, Prabhadevi,

Email: customersupport@icicilombard.com

Mumba: 400 064.

Mumbai - 400 025.

Website: www.icicilombard.com

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

CLAIM INTIMATION FORM-A

Public Liability Insurance (Non-Industrial Risks)

A. Insured Details:

S.No	Information Requested	Response
1.	Insured Details: (Eg Which Petroleum Company)	
2.	Address, Contact Number & Email id of Petroleum company official in whose jurisdiction accident took place:	
3.	Region where incident occurred:	
4.	Distributor Name, Code & Contact Details:	
5.	Details of Transporter including company name and contact coordinates: (If incident occurred during transit)	
6.	Name of consumer/suffered party & contact coordinates:	

B. Accident Particulars:

S.No	Information Requested	Response
1.	Date of occurrence and time:	
2.	Place of accident:	
3.	Nature of the accident:	<input type="checkbox"/> Death <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage
4.	Brief description of the accident: (Attach separate sheets if necessary)	

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Place:

Date:

Signature & Stamp of Insured

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

CLAIM APPLICATION FORM-B

Public Liability Insurance (Non-Industrial Risks)

A. Particulars & consequences of accident:

S.No	Information Requested by Insurer	Response
1.	Total Number of victims:	
2.	Were the injured persons moved to hospital or medically attended? If so, furnish original bills	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach original bills

B. Liability Details:

S.No	Information Requested by Insurer	Response
1.	What is the total quantum of liability established w.r.t the accident:	
2.	Names & addresses of any witnesses, if applicable:	
3.	Please comment on each of the sub-heads below. (a) Internal investigation report submitted with the insurer (b) FIR / Investigation Report of police submitted with the insurer (c) Pollution Control Board Report, if applicable (d) Post Mortem Report / Medical Certificate, if applicable.	<input type="checkbox"/> Report A <input type="checkbox"/> Report B <input type="checkbox"/> Both <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Court/Judicial Procedure:

S.No	Information Requested by Insurer	Response
1.	Has any case been filed in any court of law/tribunal against you, in relation to the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach details
2.	Has the court passed any interim or final order?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach details

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Place:

Date:

Signature of Insured:

Stamp of the insured: