

Insurance Nomination Form (Mandatory)

for American Express® Cardmembers Only

Beneficiary Information

Please nominate the beneficiary to your Accident Insurance by filling up this Form, detach and return this to ICICI Lombard General Insurance Company Ltd.

I, _____ do hereby assign the monies payable by ICICI Lombard General Insurance Company in the event of my death

to, _____ my

(Name of the person)

(Relationship to the insured)

who is the son/daughter of _____

residing at _____

I further declare that his/her receipt shall be sufficient discharge to the Company.

Name of Cardmember: _____

Date of Birth: _____ (in DD/MM/YYYY)

Signature of Cardmember _____

Dated this _____ day of _____, 20 _____

at _____ **Witness:** _____

Signature: _____

Date: _____

Name: _____

Address: _____

Beneficiary Information

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to _____,
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residing at _____

I further declare that his/her receipt shall be sufficient discharge to the Company.

Name of Cardmember: _____

Witness: _____

Signature: _____ Date: _____

Name: _____

Address: _____

Date of Birth: _____ (in DD/MM/YYYY)

Signature of Cardmember

Dated this _____ day of _____, 20 _____ at _____

Please complete and return this Form to:

ICICI Lombard Healthcare
ICICI Bank Tower, Plot No. 12,
Financial District, Nanakram Guda,
Gachibowli, Hyderabad,
Andhra Pradesh - 500032

Insurance
Nomination
Form

Realise
the
potential™



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Cyber City Tower C, DLF Bldg No.8, Sector - 25,
DLF City Ph II, Gurgaon - 122002
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