AMERICAN EXPRESS® PLATINUM CORPORATE CARD

Insurance Nomination Form (Mandatory)

For American Express Platinum Corporate Cardmembers Only

Beneficiary Information

This Insurance Nomination Form is a part of and subject to the Terms and Conditions of the American Express Complimentary Insurance Policy for Platinum Cardmembers ("Insurance Policy"). Please note that American Express is only involved in the facilitation of the Insurance Policy, and is not liable for any claims under the Insurance Policy. Any claims and correspondence related to the Insurance Policy, including in relation to this Nomination Form must be directed to ICICI Lombard General Insurance Company Limited, hereinafter referred to as "the Company".

Please nominate the beneficiary to your insurance coverage under the terms of the Insurance Policy by filling up this Insurance Nomination Form and returning it to ICICI Lombard General Insurance Company Limited.

Note: In case the beneficiary is a minor, appointee details will need to be provided to ICICI Lombard separately.

I, _____ do hereby assign the monies payable by ICICI Lombard General Insurance Company Limited in the event of my death to claim share (in %) _____

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.

Cardmember's Name: _____

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

Cardmember's Signature: _____ Date: _____

Witness Name: _____

Address: _____

Witness Signature: _____ Date: _____

Corporate Card Number: | | | | | | | | | | | | | | | |

Note: In case you want to nominate multiple beneficiaries, please do fill the beneficiary information separately for each beneficiary. You are also required to mention the claim share for each of the beneficiaries in that case. In case only one beneficiary is nominated, 100% of the claim share would be assigned to that beneficiary.

Beneficiary Information

Please nominate the beneficiary to your insurance coverage under the terms of the Insurance Policy by filling up this Form and returning it to ICICI Lombard General Insurance Company Limited.

I, _____ do hereby assign the monies payable by ICICI Lombard General Insurance Company Limited in the event of my death to claim share (in %) _____

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.

Cardmember's Name: _____

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

Cardmember's Signature: _____ Date: _____

Witness Name: _____

Address: _____

Witness Signature: _____ Date: _____

Please complete and return this Form to:
ICICI Lombard General Insurance Company Limited
Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025

To register a claim:
You could call ICICI Lombard Helpline No. 1800-2666 or contact at: ihealthcare@icicilombard.com

Ver. 01/19

Corporate Card Number: | | | | | | | | | | | | | | | |