## Insurance Nomination Form (Mandatory)

## **Beneficiary Information**

Please nominate the beneficiary to your Accident Insurance by filling u	1
this Form, detach and return this to ICICI Lombard General Insurance $$	
Company Ltd.	

l,	do l	nereby assign the
monies payable by ICICI Lon	nbard General Ins	urance Company in the
event of my death to, ———		
my(R	alakia aalain ka klan innuun	al\
who is the son/daughter of . residing at		
I further declare that his/he the Company, Name of Cardmember:	·	
Date of Birth:		
Signature of Cardmember		
Dated this day of	20	_ at

Signature:

Date:			

Address:		

-					

## Please complete and return this Form to:

Vanitha R
ICICI LOMBARD HEALTHCARE
ICICI BANK TOWER, PLOT NO. 12
FINANCIAL DISTRICT, NANAKRAM GUDA,
GACHIBOWLI, HYDERABAD
ANDHRA PRADESH
PIN CODE: 500032



American Express Banking Corp., Cyber City, Tower C, DLF Bldg No.8, Sector - 25, DLF City Ph II, Gurgaon - 122002 americanexpress.co.in

## Beneficiary Information

Please nominate <sup>.</sup>	the beneficiary to	your Accide	ent Insurance by filling up
his Form, detach	and return this to	o ICICI Lomb	oard General Insurance
Company Ltd.			
		do	hereby assign the
			urance Company in the
event of my death			
over every deat.		(Name of	the person)
my	(Relationshi	p to the insured)	)
who is the son/da	aughter of		
esiding at			
further declare the Company.	hat his/her rece	ipt shall be s	sufficient discharge to
Name of Cardme	mber:		
Witness:			
Signature:		,	
Signature:			Jate:
Name:			
Address:			
Date of Birth:		(in DD/I	AM/YYYY)
Date of Birtii		(  1  DD/1	VIIVIZ T T T T )
			_
	Signature of (	Cardmembe	r
Dated this	day of	20	at