

AMERICAN EXPRESS® CORPORATE CARD  
**INSURANCE NOMINATION FORM**



**Insurance Nomination Form (Mandatory)**

(For American Express Corporate Cardmembers Only)

**Beneficiary Information**

This Insurance Nomination Form is a part of and subject to the terms and conditions of the ICICI Lombard Insurance Policy for Corporate 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 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 (in DD/MM/YYYY): \_\_\_\_\_

Card number: 

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Cardmember's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**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**

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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 (in DD/MM/YYYY): \_\_\_\_\_

Card number:

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](mailto:ihealthcare@icicilombard.com)**

Corporate Card Number:

**ICICI Lombard General Insurance Company Limited**

IRDA Reg. No. 115  
**Mailing Address:**  
ICICI Lombard General Insurance  
Company Limited.  
Interface Building No. 16, 601 / 602, 6<sup>th</sup> Floor.  
New Link Road Malad (West), Mumbai - 400 064.

CIN: L67200MH20000PLC129408  
**Registered Office:**  
ICICI Lombard House, 414,  
Veer Savarkar Marg.  
Near Siddhi Vinayak Temple.  
Prabhadevi, Mumbai - 400 025

**Toll Free No** : 1800 2666  
**Alternate No** : 86552 22666 (chargeable)  
**Email** : customersupport@icicilombard.com  
**Website** : www.icicilombard.com