

Policy No/Certif No																								
Policy Holder`s Name																								
Address																								
Telephone No													Email ID											
HIID No																								
Claim No																								
Name of Account Holder																								
Name of Bank																								
Branch Name																								
Branch Address																								
Type of Account: SB/CD																								
Account No																								
MICR Code													IFSC Code											
Cancelled Cheque	<input type="checkbox"/> Y <input type="checkbox"/> N														Bed Number									

- 1) Please enclose the cancelled cheque of your bank account for our record, Your banker should be a participant of NEFT/RTGS Facility.
- 2) By Submission of the above, I authorize Health India Insurance TPA Services Pvt. Ltd. to settle the claim under reference through direct payment by RTGS/NEFT. I hereby declare & confirm that the particulars given above are correct & complete, I agree that I shall not hold TPA/Insurance Company responsible for delay or non-receipt of the payment for any reason whatsoever after issue of the instructions of payment by Insurer/TPA based on the above.

Date :
Place:

Signature of the Policy Holder