



# HDFC ERGO General Insurance Company Limited



## Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment                      Cheque                       Fund Transfer   
(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code                       Email address

Attachments                      Cancelled Cheque                       Bank Passbook Copy   
In Support of Bank Details  
(Please tick the type of proof submitted)

Declaration: I Mr./ Mrs/ Ms. \_\_\_\_\_  
undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

\_\_\_\_\_  
Signature of Beneficiary  
Stamp Required in case of Company

Date: