

HDFC ERGO General Insurance Company Limited



Consent for Mode of Claim Payment

Name of Proposer

Policy Number

Claim Number

Beneficiary Name

(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

In Support of Bank Details
(Please tick the type of proof submitted)

Cancelled Cheque

(with printed name of account holder)

Bank Passbook Copy

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:

D

D

M

M

Y

Y

Y

Y

Signature of the Insured

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Policy Issuing/ Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/ make changes/register & track claim. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license.