

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:

Date:

Signature of the Insured