

BANK DETAILS & DOCUMENTS

a) Details of Bank Account of the Insured:

Name of Bank Account Holder	
Bank Account No.	
Name of Bank:	Branch:
MCR Code:	IFSC Code:
Account:	Saving <input type="checkbox"/> Current <input type="checkbox"/>
Attachments in support of Bank Details (Please tick the type of proof submitted)	Cancelled Cheque <input type="checkbox"/> Bank Passbook copy <input type="checkbox"/>
I/We wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.	

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in many manner failed to disclosed material information, the policy shall be void and that I/We shall not be entitled to all/any right to recover there under in respect of any or all claims, past, present, future.
- e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserves the right to process or reject or require further / additional information in respect of the claim.
- f. The above statements are in all respects true and complete and are made without any kind of reservation.

Place: _____

Date: _____

Signature of the Insured: _____