

NEFT FORM FOR PERSONAL ACCIDENT INSURANCE
(To be submitted by the claimant only)

IFFCO Tokio General Insurance Co. Ltd.,
 AFL House, 2nd Floor, Lok Bharti Complex,
 Marol Maroshi Road, Andheri (E),
 Mumbai - 400059

Sir,

I/We furnish below details of my/our bank account to be used for effecting payments due to us by NEFT/RTGS

| | | |
|------------------|--|---|
| 1. | Registration for NEFT/RTGS payments | |
| | Name of the Claimant (Account Holder) | |
| | Category | Personal Accident Insurance (Death) claim / Air Accident Insurance claim SBI Salary Package Account Holders |
| | Policy Number | 51964755 |
| | Policy Period | 04.01.2018 to 03.01.2019 |
| | Claim number , if any , provided (policyholders only) | |
| | Permanent Address | Address for Communication |
| 2. | Bank Account Details for NEFT/RTGS | |
| | | |
| | Name of account Holder/Claimant | |
| | Bank Name | |
| | Bank Branch Name | |
| | Bank Branch Address | |
| | MICR Code | |
| | Full Bank Account No. (for NEFT) | |
| IFSC Code | | |

Please attach a copy of a cancelled cheque leaf or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code. Please verify the details with your bank before submitting.

I/We hereby declare that the particulars given above are correct and express my/our willingness to receive credit of claim proceeds through the mode indicated above. Notwithstanding my/our choice of mode, National Insurance Co. Ltd. reserves the right to issue a cheque/credit the account in the mode that may seem fit. I/We would not hold National Insurance Co. Ltd. responsible if the transaction is delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

Signature of the Applicant (Claimant)

Place:

Date:

Certified that the Bank Account Details mentioned under item 2 above is correct.

Sign of Authorised Signatory of Bank/ Branch with seal and date