



Health India TPA Services Pvt Ltd.



Policy No/Certif No

Policy Holder`s Name

Address

Telephone No Email ID

HIID No

Claim NO

Name of Account Holder

Name of Bank

Branch Name

Branch Address

Type of Account:SB/CD

Account No

MICR Code IFSC Code

Cancelled Cheque Y N

Bed Number

1) Please enclose the cancelled cheque of your bank account for our record, Your banker should be a participant of NEFT/RTGS Facility.

2) By Submission of the above ,I authorize HealthIndia TPA Services (TPA) Pvt. Ltd to settle the claim

under reference through direct Payment BY RTGS/NEFT.I hereby declare & confirm that the particulars given above are correct & complete. I agree that I shall not hold TPA/Insurance Company responsible for delay or non receipt of the payment for any reason whatsoever after issue of the instructions for payment by Insurer/TPA based on the above.

Date :
Place:

Signature of the Policy Holder

