**Electronic Clearing Service/Credit Clearing ) Mandate Form :**

For claiming under

Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 A | Insured Name |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |
| B | Address |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| City |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
| State |  | |  |  | |  |  |  |  |  |  |  |  |  |  | PIN | |  |  |  |  |  | |  |
| C | Telephone /Mobile No. | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| D | E Mail ID | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | TTD ID No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

3. Particulars of Bank Account

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | Bank Name | | | | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  |  |  | |  | |  | |  | |  |  | |  | |  |
| B | Branch Name | | | | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  |  |  | |  | |  | |  | |  |  | |  | |  |
| C | | Branch Address | | | |  | |  | | |  |  | |  | |  | |  |  | |  | |  | |  |  |  | |  | |  | |  | |  |  | |  | |  |
|  | |  | | |  |  | |  | |  | |  |  | |  | |  | |  |  |  | |  | |  | |  | |  |  | |  | |  |
| City | | | |  | |  | | |  |  | |  | |  | |  |  | |  | |  | |  |  |  | |  | |  | |  | |  |  | |  | |  |
| State | | | |  | |  | | |  |  | |  | |  | |  |  | |  | |  | |  |  | PIN | |  | |  | |  | |  |  | |  | |  |
| D | | 9 Digit Code Number Of the Bank & Branch Appearing on the MICR Cheque Issued by the Bank | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | |  | |  |  | |  | |  |
| E | | Account Type (Savings Account/Current Account) | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | |  | |  |  | |  | |  |
| F | | Account Number (As Appearing on the Cheque Book) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | |  | |  | | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |
| G | | Bank Account Holder Name | | |  | |  | |  | | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |
|  | |  | |  | | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4 | Date Of Effect |  |  |  |  |  |  |  |  |

INFORMATION FIOR PAYMENT THROUGH RTGS OR NEFT

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5 | IFSC Code (Indian Financial System Code) |  |  |  |  |  |  |  |  |  |  |  |
| 6 | NEFT Code (National Electronic Fund Transfer Code) |  |  |  |  |  |  |  |  |  |  |  |

By submission of the above, I authorize M/S TTK Health Care TPA Pvt. Ltd/The Insurance Company to settle the claim under reference through direct payment by ECS. I hereby declare & confirm that the particulars given above are correct and complete . I agree that I shall not hold TPA/Insurance Company responsible for delay or non receipt of payment for any reason whatsoever after issue of instructions for transfer of payment by Insurer/TPA based on the above.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |
| Place |  | | | | | | | |

Signature of the insured