

ELECTRONIC FUNDS TRANSFER (NEFT/ RTGS)
FOR CLAIM PAYMENTS
(TO BE FILLED IN BY THE BENEFICIARY)

(To be filled in Block Letters)

Beneficiary Details

Beneficiary Name
[As per Bank Account]

Full Address

Pin Code

Contact No Mobile No

Email ID

Beneficiary Bank Details

Bank Name

Branch Name

Branch Address

Branch Contact No

Email ID

Branch IFSC Code

Account Type ☐ Savings A/C ☐ Current A/C ☐ Cash Credit

Account No.
[as appearing in the cheque book]

Beneficiary PAN & Alert Details

Name as per PAN Card

PAN Number

Payments Details Alerts Required

SMS ☐ YES ☐ NO If Yes Mobile No.

Auto Mailer ☐ YES ☐ NO If Yes E-Mail ID

Place: _____

Date: _____

Authorized Signatory & Stamp(If applicable):

MANDATORY REQUIREMENT

Cancelled blank Cheque of your bank for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If NAME OR IFSC code of the payee is not printed on the cheque leaf, please attach copy of the first page of the bank passbook also.
Please attach your cancelled cheque here.

Declaration

i) I / We hereby undertake to refund, at any time, any excess amount whether demanded by Universal Sampo General Insurance Company Limited or not, which has been credited to my account [due to any reason] by Universal Sampo General Insurance Company Limited, in excess of (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/Commission/Claim/Refund/ Any other payment.

ii) I / We agree that the payment will be endeavored to be credited starting from the date of next payment cycle and unless the Mandate is revoked by me/us issuance of relevant credit instruction for electronic payment from Universal Sampo General Insurance Company Limited into the aforesaid account will be valid discharge to Universal Sampo General Insurance Company Limited for having paid (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/ Commission/Claim/Refund/Any other payment.

iii) I / We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information I / we would not hold Universal Sampo General Insurance Company Limited responsible.

iv) I / We undertake to revoke the instruction for NEFT in the event of the business relationship expiring and or being 'terminated' and further hereby specifically authorize Universal Sampo General Insurance Company Limited, to do so, for me and on my behalf, in case the revocation communication is not received from me within seven days of expiry and or being termination of relationship.

v) I / We further confirm that Universal Sampo General Insurance Company Limited will have, at its sole discretion, the right to return back to the option of paying to me/us by way of cheque if there are more than two consecutive failures in remittances for no fault on the side of Universal Sampo General Insurance Company Limited.

vi) After Universal Sampo General Insurance Company Limited issuing the Payment instruction electronically through its banker, for whatever reasons, if I/we do not get the credit to my/our account, then same shall neither constitute the default in (i) Payment of amount requested by me, or (ii) Payment of amount due to me/us, or (iii) Payment of agreed rent/license fees/compensation/refundable security deposit/ commission/claim/ Refund/Any other payment by Universal Sampo General Insurance Company Limited nor constitute default of any terms and conditions of any agreement/MOU/ Claim/Refund/Other contract and or Lease agreement/Leave and license agreement with me/us.

vii) I / We further confirm that we understand this mode as a method of payment introduced by Reserve Bank of India, which provides us an option to receive the amount and or to collect our payments by electronic payment mode directly through my/our bank accounts.

viii) I / We further confirm that I/we understand, Universal Sampo Insurance Company Limited, shall make electronic payment to my account by issuing the Payment instruction electronically through its banker to the Clearing Authority and the Clearing Authority would ensure credit to my/our specified bank account provided hereinabove.

ix) I / We further undertake to inform Universal Sampo General Insurance Company Limited with an advance notice of six weeks, to withdraw from this mode of electronic payment.

I/ We have read the declarations/ conditions mentioned above.

Place: _____

Date: _____

Authorized Signatory & Stamp(if applicable):

Registered Office: Universal Sampo General Insurance Co Ltd, 8th Floor and 9th Floor (part - south side), Commerz , International Business park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai- 400063

Health Claims Management: Universal Sampo General Insurance Co Ltd, 1st Floor, Plot No.- C 56 A/13, Sector - 62, Noida, Uttar Pradesh -201309

Toll Free Helpline No: 1800 200 4030; Email ID: healthserve@universalsampo.com

Website: www.universalsampo.com; CIN# U66010MH2007PLC166770