

**Authorisation / consent letter**

**I {name} ,**

Address , {address}, do hereby engage and authorise M/s Claimant Mitra, Digital, as my consultant, to guide and plead in case of My Policy Number is:{policyNo} and Claim Number is **:{claimNo}**, which shall include {companyName} , Application for query replies, Reconsideration process, set aside of rejected claim/ deducted claim, Endeavour to get the claim settled through correspondence or legal proceeding/guidance and assistance for Bima Lokpal proceeding as the case may be deemed necessary or proper for the benefit of the said claim in all its stages, by using my email ID (for the communication of this claim purpose only).

Further, I declare that my claim is authentic, the copies of all documents are true and verified by me, verified copies are handed over to the above consultant and authorised to get additional necessary and required treatment records/documents from me/Insurance company/hospital on behalf of me for the process of my claim on the following details

**Fees Structure & Terms**

It is hereby declared that **{name}** Address {address} has authorized us as a consultant to pursue the claim of {policyHolder} –on their behalf dated on {complaintDate}. The details are Policy number: {policyNo}, Claim Number**: {claimNo}** of {companyName} .

Limited To further clarify, following fee is discussed and agreed to pay

1. Processing fee of Rs. NIL. /- including GST (18%) (Rs only) in advance (non-refundable).

2. **20 %** actual, of the final disbursed amount of the total claimed amount of Rs. {estimatedClaimAmount} /- towards consultancy fee via NETBANKING, ONILNE WALLET, THROUGH DEBIT CARD, CHEQUE. The customer is liable to pay the actual consultancy fee as mentioned above (20% of the final disbursed amount) after he/she receives the disbursement of the claim amount to his/her bank account.

After The Amount Received in Bank Account Fees Have to Pay In 7 working days

All above contents and other terms and conditions have been explained, well understood, and agreed

Thanks & regards,

***Name –* {name}**

***Name of Policy Holder –* {policyHolder}**

***Policy number-*** {policyNo}

***Complaint Date- {complaintDate}***

***{signature}  
  
Authorized Signatory Agreed & Accepted Customer's signature***