

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MANDATE FORM

For Claim under Policy No 0105002021484100001257698

1. (A) CARDHOLDER'S NAME

G O P I N A T H K G

(B) ADDRESS

No 20 1st cross 6th block
Koramangala Jayar
Bangalore 560095

(C) TELEPHONE / MOBILE No:

99 1 696 3557

(D) E-MAIL ID:

Kama g al gopio@gmail.com

2. Vidal Health/TTK ID No

0105002021484100001257698

3. PARTICULARS OF BANK ACCOUNT

A. BANK NAME

H D F C BANK

B. BRANCH NAME

K O R A M A N G A L A 6TH BLK

C. ADDRESS

No 424 80th Rd 6th block
Koramangala Bangalore - 560095

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)

SAVINGS

F. ACCOUNT NUMBER (AS APPEARING ON THE CHEQUE BOOK)

05091610123780

G. BANK ACCOUNT HOLDER NAME

G O P I N A T H K G

4. DATE OF EFFECT:

INFORMATION FOR PAYMENT THROUGH RTGS OR NEFT

5. IFSC CODE (INDIAN FINANCIAL SYSTEM CODE)

H D F C 00003825

6. NEFT CODE (NATIONAL ELECTRONIC FUNDS TRANSFER CODE)

By submission of the above, I authorize M/s Vidal Health TPA Pvt. Ltd., formerly TTK Healthcare 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 the 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:

16/06/2022
Bangalore

Signature of the Insured