THE NEW INDIA ASSURANCE COMPANY LIMITED
Regd. Office: New India Building,
87, Mahatma Gandhi Road, Fort,
Mumbai-400 001

Mandate Form for Electronic Clearance System

Policy Number	
Claim Number	
Policy Holder Name	
Telephone Number	
Email ID	
Name of Account Holder	
Name of Bank	
Branch Name	
Branch Address	
Type of Account:	
Account Number	
MICR Code	
IFSC Code	

Declaration

1) I/We hereby declare the information furnishied in this ECS form is true and correct to the best of my/our knowledge and believe. If I/we have made any false or untrue statement,sepration or concealment of any material fact, my/our right to claim reimbursement shall be forfeited.

2) I/We agree that I/we shall not hold Insurance Company responsible for delay or non receipt of the payment or any reason whatsoever after issue of the instructions for payment by insurer based on the above.

Date: _____

Insured/Beneficiary Signature
(Incase of company Authorized Signatory & Company Seal)