**Annexure 3**



**UNITED INDIA INSURANCE CO. LTD**

Property & Casualty claims hub Maker Bhavan no. 1,1st Floor, Sir V.t Marg, New Marine Lines, Churchgate, Mumbai-400020 Maharashtra

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| **NEFT FORM FOR PERSONAL ACCIDENT INSURANCE*****(To be submitted by the Nominee/Claimant/Legal heir only)*** |

Sir,

I/We furnish below details of my/our bank account to be used for effecting payments due to us by NEFT/RTGS

|  |
| --- |
| Nominee Account Details for NEFT/RTGS |
| Name of the Nominee (Account Holder) |  |
| Bank Name |  |
| Bank Branch Name |  |
| Bank Branch Address |  |
| MICR Code |  |
| Full Bank Account No. (for NEFT) |  |
| IFSC Code |  |

Please attach a copy of a cancelled cheque leaf or Photocopy of the first page of the Bank Passbook containing the name of account holder, Bank account number, and IFSC code. Please verify the details with your bank before submitting.

I/We hereby declare that the particulars given above are correct and express my/our willingness to receive credit of claim proceeds through the mode indicated above. Notwithstanding my/our choice of mode, UNITED INDIA INSURANCE CO. LTD. reserves the right to issue a cheque/credit the account in the mode that may seem fit. I/We would not hold UNITED INDIA INSURANCE CO. LTD. responsible if the transaction if delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

I authorize Canara Bank to recover / adjust any Loan / dues outstanding in the name of the life assured/deceased before allowing release of funds form my account in which insurance claim due is paid.

**Name: (………………………………………)**

 **Place:**

**Signature of the Applicant (Nominee) Date: …../…./……..**