

## SCHEDULE III - FINANCIAL / BANK DETAIL SHEET



NS-ENISO9001:2008/ISO9001:2008

**Alankit Insurance TPA LTD.**

Corp. Office: Alankit House, 4E/2, Jhandewalan Extension, New Delhi - 110055  
Phone: +91-11-42541621-24 Fax: +91-11-42541620 & 42541630

### CLAIM PAYMENT THROUGH NEFT/ RTGS FACILITY – OPTION FORM

From  
Name of the Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

To

**Alankit Insurance TPA Ltd.  
Alankit House,  
4E/2, Jhandewalan Extn.,  
New Delhi-110055**

Dear Sir,

**Regarding: - Option form to avail settlement of claim amount under NEFT facility (Not yet started)**

We would like to receive the settlement of claim amount under Mediclaim preferred by the Insured client of M/s Alankit Insurance TPA Ltd. under Mediclaim policies under NEFT/RTGS facility.

In order to avail the NEFT / RTGS facility, we furnish hereunder the following details to enable you to transfer the claim amounts to our account.

<b>Full Name of the beneficiary i.e., Hospital Name</b>	
<b>Type of Account &amp; Account No.</b>	
<b>Name of the Bank</b>	
<b>Branch location &amp; Code No.</b>	
<b>MICR No./IFSC Code</b>	
<b>E-Mail ID / Rohini Id</b>	

A cancelled cheque leaf is enclosed for your records. We certify that the particulars furnished above, to the best of our knowledge, are factually correct. However, we confirm that in the event any of the above information turns out to be incorrect resulting in the credit of the claim amount to some other beneficiary's account, we shall not hold either the TPA or Insurance Company liable for the same.

Please confirm to have transfer of the amount under NEFT/RTGS at the earliest.

Thanking you,  
Yours faithfully,

(AUTHORISED SIGNATORY)  
(On behalf of the Hospital)