## **Insurance Claim Benefit Disbursement Authorization Form**

## **Policyholder Information** Full Name Policy Number Date of Birth Contact Number Email Address **Claim Information** Claim Number Date of Claim Claim Description **Disbursement Authorization** Preferred Payment Method **Bank Name** Account Holder Name Account Number

IFSC/Bank Code

Additional Instru	uctions		
Authorizatio	n & Declaration		
Signature			
Date			