

Bank Confirmation on Bank's Letter Head

Place:-

Date: -

To,

HDFC ERGO General Insurance Company Limited,

Mumbai

Dear Sir,

Sub: Misuse of Debit / Credit card No _____, BIN No. _____ Issued to Mr. / Ms. _____,
Issued on Date _____.

With respect to the above card having followed usual process, wish to confirm as under

- 1) The said card is blocked on date _____ and time _____ to prevent further misuse.
- 2) Card was used for Rs. _____ on date _____ and time _____ vide transaction no. _____.
- 3) The said amount needs to be reimbursed to the said customer by HDFC Ergo General Insurance Company Limited in accordance to the policy terms and conditions.
- 4) We note that HDFC ERGO General Insurance Company Limited has agreed to pay an amount of Rs. _____ towards full and final settlement of the claim (reference no : _____) under the insurance policy, vide policy no. _____ effective from _____ to _____ date.
- 5) We, hereby declare that we have not made any payment/reversal to the aforesaid customer.

Bank Details of Customer

Account Number

Bank Name

IFSC CODE

eKYC Number:-

Please do the needful.

Yours Faithfully,

Authorised Signatory

(Stamp & Sign)

Discharge Voucher

Claim Reference No.:

Policy No.: _____ (The policy")

Claimant: Bank Cardholder

If Claimant is Bank:

Name and Branch of the bank: _____

If claimant is Cardholder:

Name of the Cardholder: _____

The claimant _____ seeks indemnification of INR _____ ("the claim") under the policy for the loss arising out of _____ Insurer has agreed to settle an amount of INR _____ towards full and final settlement of the claim .I/We, the claimant(s) herein acknowledge and declare the receipt of Rs. _____ the amount due and payable under the above mentioned claim reference no. towards the full and final settlement of the claim herein.

I/We, hereby declare that the Insurer i.e. HDFC ERGO General insurance Company Ltd. is discharged of all its liabilities that have arisen or may arise directly or indirectly from or in relation to the aforementioned claim under the said policy.

In the event cardholder is the claimant:

Signature of the Cardholder: _____

In the event Bank is the Claimant:

Authorized Signatory with Name & stamp:

Place:

Date: