Domiciliary Treatment Benefit Claim Discharge Form

Policy No:_____

Name of the Principal Insured:_____

I hereby authorize Life Insurance Corporation of India to make payment of DTB, admissible as per terms, conditions and limitations of the Policy. This discharge is delivered in full and final settlement of the DTB on the bills, receipts, etc submitted by me and to the full satisfaction of my above mentioned claim.

1	Option to be provided by the Policyholder for DTB Claim payment to be made by NEFT/RTGS or Demand Draft	☐ ELECTRONIC MODE OF TRANFER (For NEFT/RTGS transfer – please furnish your bank account details in question 2 below) ☐ Demand Draft
2	DETAILS OF THE BANK A/C TO WHICH THE POLICYHOLDER DESIRES TRANSFER OF DTB CLAIM AMOUNT	NAME OF THE BANK ---------- Location ---------- Branch Code ---------- A/C NO---------- IFSC NO---------- (The eleven digit number that will enable payments through RTGS/NEFT – credited into your account)

The details of Bank account and address of the bank etc furnished by me above are correct and I hereby authorize Life Insurance Corporation of India to make the DTB claim payment to my above mentioned Bank Account

DATED AT----------THIS ----------DAY OF----------200

Revenue Stamp

Place: **SIGNATURE OF THE POLICYHOLDER/ CLAIMANT**

Name and Address of the Claimant_____

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(Issuance of this Claim Form does not tantamount to acceptance of Liability by the Insurer)