

Reimbursement claims-Bank details form

(Declaration form to be attached along with claim form)



Please Use BLOCK letters to fill this form, and ensure that all sections are completed.

Section 1 – Member details

Insurance Company	National life and General Insurance company SAOG
Client name	
Card Number	
First name	
Second name	
Last name	
Mobile no	
Email id	
NLGIC claim reference no (Applicable only if claim has been intimated to NLGIC)	

Patient details(if different from bank holder name)	
First name	
Second name	
Last name	
Card Number	

<input type="radio"/>	Husband	<input type="radio"/>	Wife
<input type="radio"/>	Child	<input type="radio"/>	Others

Section 2 – Settlement (Kindly ensure bank details are in print form)

Settlement currency:	
(A) Bank name	(B) Account title
(C)(SWIFT code)	(D) IBAN number(23 digits for UAE)
(E) Bank address <input type="radio"/> Within UAE <input type="radio"/> Outside UAE-specify name of country:-	(F) Beneficiary address

(Kindly complete the declaration in Page 2)

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Important Notes:

For transfers within the U.A.E., fields (A), (B) and (C) are mandatory. For transfers outside the U.A.E., please complete all fields in the settlement section above. In case IBAN is not available in the destination country (e.g. India), please enter bank account number in lieu of IBAN number.

Claim settlements in currencies other than your bank account currency may result in foreign exchange charges. Please check with your bank regarding these and any additional fees that may be charged by your bank on incoming remittances.

NLGIC bears no liability for any payments made to unintended recipients due to any incorrect bank account details provided above. Furthermore, any charges related to corrective action shall be deducted from the final settlement.

Signature of the principal /spouse /guardian

I, the undersigned, confirm that I am the patient/patient's spouse or guardian (if patient is under 18 years of age) and I wish to claim benefits under the said policy as per applicable terms and conditions. I wish to receive the payment through wire transfer and I hereby declare that all the particulars given above are true and correct to the best of my knowledge . I also agree that a copy of this consent shall have the same validity of the original consent letter.

Date / / 20