

## Standing Instruction Mandate

### Electronic Clearing Scheme/ Direct Debit/ Credit Card

UI Code \_\_\_\_\_ Mandate Reference No. \_\_\_\_\_ Customer ID \_\_\_\_\_

**Tick the applicable payment option to pay your renewal insurance premium**

Electronic Clearing Service (ECS) / Direct Debit       Credit Card

#### **Mandatory Fields**

|   |  |                                  |                           |                |
|---|--|----------------------------------|---------------------------|----------------|
| 1 | Proposer's Name  |                                  |                           |                |
| 2 | Contact Number   |                                  |                           |                |
| 3 | Premium Due Date   |                                  | Day of Debit from account |                |
| 4 | Premium Payment Frequency  | Quarterly / Half Yearly / Yearly |                           |                |
| 5 | Insured Person(s)  | Insured Person's Name            | Customer ID               | Premium Amount |
|   |  |                                  |                           |                |
|   |  |                                  |                           |                |
|   |  |                                  |                           |                |
| 6 | Fill the Account Information if the chosen option is Electronic Clearing Scheme and Direct Debit |                                  |                           |                |
|   | Note – Attach cancelled cheque for ECS / Direct Debit  |                                  |                           |                |
|   | Account Holder Name  |                                  |                           |                |
|   | Account Number   |                                  |                           |                |
|   | Account Type   | Saving / Current / Cash Credit   |                           |                |
|   | Name & Address of the Bank   |                                  |                           |                |
|   | 9 digit MICR Code  |                                  |                           |                |
|   | IFSC Code  |                                  |                           |                |
| 7 | Fill the Account Information if the chosen option is Credit Card                                 |                                  |                           |                |
|   | Note – Attach front side of the credit card  |                                  |                           |                |
|   | Credit Card Holder Name  |                                  |                           |                |
|   | Credit Card Number   |                                  |                           |                |
|   | Type of Credit Card  | Master / Visa / Amex / Diners    |                           |                |
|   | Name of the issuing bank   |                                  |                           |                |
|   | Credit Card Expiry Date  |                                  |                           |                |

#### **Declaration by Proposer / Policyholder / Account Holder -**

- I. I, hereby declare that the particulars of my account given above are correct and complete in all respect. I/We acknowledge that I/We have read, understood and agree to be bound by the Terms and Conditions detailed in this Standing Instruction Mandate.
  
- II. I/We authorize Navi General Insurance Limited ('the Insurer')/its authorised service provider carrying this ECS (Debit Clearing) Mandate to get it verified and executed and to collect the amounts as may be due on account of premium payment of COCO CritiCare – Navi General Insurance, payable on due date of the policy as issued by the Insurer, by Debit to my Bank Account/Credit Card as per details provided above.

Navi Health CritiCare | UIN: NAVHLIP22062V032122

Navi General Insurance Limited

Registered Office: Salarpuria Business Centre, 4th Floor, 93, 5th A Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095

Toll-free number: 1800 123 0004 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [insurance.help@navi.com](mailto:insurance.help@navi.com)

CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

- III. I/We authorize my/our bank/Credit card to debit my account for charges towards mandate verification and transactions bounced due to "Insufficient funds" as applicable.
- IV. We will inform the Insurer of any changes in my/our Bank Account or Credit Card details. I/We agree for debit of premium amount from my account up to 2 days earlier than the premium due date.

\_\_\_\_\_  
Signature of Proposer  
Date - \_\_\_\_\_

\_\_\_\_\_  
Second Signature in case of Joint Account Holder  
Place - \_\_\_\_\_

**Certificate of the Bank named in the mandate (For Electronic Clearing Scheme and Direct Debit only)**

It is certified that the particulars of the mandate above are correct and the signatures of the Bank Account Holder, are true, as per our records and that a copy of this form duly completed has been submitted to the Insurer.

\_\_\_\_\_  
Signature of authorised official of bank  
Date - \_\_\_\_\_

\_\_\_\_\_  
Bank Stamp  
Place - \_\_\_\_\_

**Terms and Conditions**

This Standing Instruction Mandate ("Mandate") offered by the Insurer is governed by the following terms and conditions:

- 1) By opting for this facility, the Policyholder elects to make the payment of renewal/instalment premiums to the Insurer from the Policyholder's Bank Account/Credit Card through the payment utility site/aggregator that Insurer may tie up with from time to time.
- 2) The Policyholder agrees that the facilities will be available to him/her, subject to and upon receipt of confirmation by the Insurer and/or its authorised service provider from the Policyholder's bank of the details furnished by him/her in this Mandate.
- 3) The Insurer reserves the right to seek from the Policyholder such documents as may be deemed necessary for providing this facility including but not limited to copy of bank statements, passbook copy with latest transaction letter from bank confirming bank account details or agrees to get the mandate verified from the bank.
- 4) The Insurer/its authorised service provider shall in no way be responsible for any damages/compensation for any loss, damages etc incurred by the Policy holder (i) Of use, non availability or deficiency in the provisioning of the facility; or (ii) Non-execution or delay in execution of this mandate either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reasons beyond the Insurer's control. The policy will be terminated after the relaxation period of 15 days from the premium due date.
- 5) The Policy holder will indemnify and hold the Insurer/its authorised service provider harmless against any and all liability, costs and expenses arising out of any acts of omission or commission or negligence on the part of the Proposer/Policy holder/Account holder.

- 6) The Insurer is authorised to enable the ECS/Direct Debit/Credit Card facility for the premium payments and in the instance of ECS/Direct Debit/Credit Card dishonour, to re-debit the Policy Holder/Account holder's account with the mentioned bank to recover the premium due.
- 7) Premium may vary due to change in age bracket of the insured person or change in the plan / sum insured under the policy. In any such cases, Policy Holder agrees to fill the mandate form again to avail ECS facility.
- 8) The Policyholder agrees that the premium payment notice may not be sent as the amount will be debited to the account.
- 9) The instructions under this Mandate shall remain valid till revoked by the Policyholder by providing 15 days prior written notice.
- 10) Notwithstanding what is mentioned herein above, it is understood and agreed that this facility is for the convenience of the Policyholder in making renewal premium payments, however the onus and liability to make such payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the Policyholder.
- 11) The Policyholder agrees that it shall be his/her sole responsibility to schedule his/her renewal premium payments in a manner that the Insurer receives the renewal premiums within the due dates or not later than the relaxation period of 15 days from the due date for payment of instalment, as specified in the relevant Policy contract(s). No interest shall be charged on the instalment premium paid during the relaxation period and there will be no impact on coverage of Pre-Existing Disease and continuity of waiting periods. In case, we do not receive the premium within the relaxation period, the Policy will be terminated.
- 12) In case the Policyholder wish to change the bank or bank account details, Insurer would require a new mandate at least 15 days prior to due date of the premium payment.

#### **Instructions for filling up the Form**

- i. This form is to be filled by the policy holder/account holder himself/herself in BLOCK LETTERS in Black or Blue ink.
- ii. Please tick a box thus ✓ where appropriate.
- iii. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as input
- iv. The proposer must sign any cancellation or alteration.
- v. Premium due date is the Policy expiry /instalment due date.