

To  
The General Manager  
Andhra Bank  
Credit Card Division  
Head Office, Koti, Hyderabad.

Dear Sir,

Reg: Consent for Group Personal Accident Insurance

1. I hereby give my consent for extending the Group Personal Accident Insurance coverage on the following cards, at my cost, as per the premium amount mentioned below in this letter or the amount that may be revised from time to time.

Sl. no.	Card no.	Name of card holder	Nominee name	Age of nominee	Nominee relationship with card holder
1					
2					
3					
4					

2. Premia amount may be paid through my Credit Card for extending the Accident Insurance Coverage until further instructions.
3. I will intimate my withdrawal of consent 30 days in advance before due date of Premium.
4. The Bank is at liberty to cancel/withdraw or modify the terms and conditions of Group Personal Accident Insurance facility during validity of my card.
5. I understand that :
- ✓ Insurance Coverage is applicable on card account with active status.
  - ✓ Andhra Bank is only facilitator in settlement of insurance claim, and claim settlement is at the discretion of insurance company as per the terms and conditions of the Insurance Policy.
  - ✓ Bank has discretion to adjust the proceeds of insurance claim first to all its outstanding liabilities in the card account.

**Present premium rates:**

Sl.No	Type of Credit Card	Card number starting with	Amount of Annual Insurance Coverage	Premium Payable on per card	
				On the Main Card	On each Add on Card
1	Visa Classic/Master Card	4511/5420	Rs 2 lacks	Rs 85-00	Rs 85-00
2	Visa Gold Card	4539	Rs 5 lacks	Rs 212-00	Rs 212-00
3	Visa Platinum Card	4373	Rs 10 lacks	Rs 467-00	
4	Visa Platinum Addon Card	4373	Rs 5 lacks		Rs 212-00
5	Visa Signature Card	4592	Rs 30 lakhs	Rs.1401-00	Rs.1401-00

**(Signature of Main Card Holder)**

**Date :**

**Place:**

**\*Please furnish your current address particulars below, if not already registered with us.**

**Mobile No:**

**Email ID :**

**Address :**

