

1. Card Holder's Information	
Card Holder's Name: (Exactly as printed on the card)	Daman Card No.:
Member E-mail Address:	Mobile No.:
Member Address:	
2. Claims Payment Preference	
<input type="checkbox"/> Direct Cheque (Please specify the collection method): <input type="checkbox"/> I will personally come to collect the cheque from DAMAN Customer Support Executive. <input type="checkbox"/> I hereby authorize my company representative Mr./ MrsTo collect the cheque and all relevant documents on my behalf from National Health Insurance Company – Daman and will not hold Daman liable for releasing the payment/cheque to the authorized person. Signature	
<p>Please note that reimbursements by cheque may take 10 to 15 days to process.</p> <p>For a faster and efficient way of receiving your payment(s) and to avoid the inconvenience of having to go to the bank, you may also opt for wire transfer by providing your bank details on section 2 of the reimbursement claim form.</p>	