



Please complete this Payment Authorisation Mandate if you require payment of your Claim to be made to anyone who is not a named Policyholder.

Payment Authorisation Mandate	
<b>Policyholder(s):</b>	
<b>Policyholder Address:</b>	
<b>Claim Reference Number:</b>	
<b>Policy Number:</b>	
I, _____ <b>the policyholder(s), authorise Intact Insurance Isle of Man Limited to make payment to:</b> Name: Address:	
<b>In the sum of:</b>	
I understand that payment by Intact Insurance Isle of Man Limited under this authority represents discharge of its contractual obligation under the terms of the policy to the value of the payment made.	
Intact Insurance Isle of Man Limited accepts no responsibility in connection with the payment authorised by this mandate, save that the payment be made in the manner directed.	
<b>Important:</b> Where there is more than one policyholder, each policyholder is required to sign the mandate.	
<b>Signature(s):</b>	<b>Date:</b>
<b>Print name(s):</b>	