

CHANGE REQUEST FORM - POLICY DETAILS

Product Name : _____

Policy No. :

Name of Policyholder :

Please tick the appropriate box and fill in the details in the corresponding section:

Change in Contact Details
 Change in Sum Insured
 Member Addition/Deletion
 Tenure
 Others

NEW CONTACT DETAILS

Address :

City :

State : Pincode :

Landline : Mobile :

E-mail :

CHANGE IN SUM INSURED

Existing :

Desired :

MEMBER ADDITION/DELETION

| Sl.no | Name of the Member | Relationship | Addition | Deletion |
|-------|--------------------|--------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

For addition of any new member, fresh proposal form should be duly filled.

CHANGE IN TENURE

Existing : _____ year Desired : _____ year

Others (please specify):

Health Status Declaration: Post commencement of your insurance policy with us, did you suffer from or are currently suffering from or have any disease/illness/injury or accidental/medical condition other than common cold or fever? Yes No

If yes, please provide all the relevant documents/information including but not limited to the doctor's prescription, medical test reports etc.

Please note: Any non-disclosure or incomplete/incorrect/partially correct information may lead to repudiation of the claim or cancellation of the policy as per policy terms & conditions.

OTHERS

Write your change request here :

DECLARATION FOR POST EXPIRY OF RENEWAL

I/We hereby state and confirm that I/We have continued to enjoy good health since the expiry of our policy till today. I/We further state and confirm that neither has any member covered under the policy undergone any consultation, investigation and treatment for any illness or injury nor any claims has been logged during this period. I / We also understand that the policy coverage would not be extended over the break-in period.

I/We understand that no claim will be reported/is payable for the break-in period till the new policy gets issued.

Further to this, there has been no other change to the information previously provided in the proposal form submitted during the initial purchase of this policy. Any other changes will be provided by me through the Change Request Form duly signed by me.

I accept & agree that :

1. I /We understand that the above request for changes may be subjected to review by the Company.
2. I/We shall comply with any other additional requirements including payment of additional premium towards risk loading, if any, within 7 days from the date of such written communication received from the Company.
3. I authorize the Company to renew the existing policy under its existing terms and conditions if the above stipulations are not met and/or the request is rejected by the Company.

Date : / /

Signature of the Policy Holder : _____