**Explore Policy Extension Request Form**

**Policy Holder Details**

|  |  |
| --- | --- |
| **NAME (Name of all insured’s whom extension is required)** |  |
| **PRODUCT NAME** |  |
| **POLICY NUMBER** |  |
| **RISK START DATE** |  |
| **RISK END DATE** |  |
| **EMAIL** |  |
| **CONTACT NUMBER** |  |

**Extension Details**

|  |  |
| --- | --- |
| **Extension Till (Date)** |  |
| **Reason for Extension** |  |

**CLAIM DETAILS**

|  |  |
| --- | --- |
| **CLAIM MADE (YES/NO)** |  |

**Declaration**

Any condition including (event) arising directly/indirectly due to pandemic declared will not be covered.

I declare and undertake that I haven’t made any claim on my above mentioned policy and no claims pending till date.

I am share consent on any condition including (event) arising directly/indirectly due to pandemic declared will not be covered.

I am in good health and not suffering from any physical or mental illness, disease or conditions nor I am aware of any such conditions that can result in future claim. Further, I am not on medication for any illness or disease.

OR

I have made/filled a claim on above mentioned policy. The details of claim that has been filed /made by me on first policy (including previous extension made if any) are as follow:

1)…….

OR

I am currently on following medication for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

1)…………………

Insurance company has the rights to cancel the policy or not to honor my claim in case or any mis-representation of facts in this letter.

POLICY HOLDER NAME:

SIGNATURE:

DATE: