

Explore Policy Extension Request Form

Policy Holder Details

NAME	
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)	
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Declaration

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

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 misrepresentation of facts in this letter.

POLICY HOLDER NAME:

SIGNATURE:

| DATE:

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