

Request for cover continuance during Premium Discontinuation

Policy Number

Date (ddmmyyyy)

Name of the Policy Owner

Contact number (Mandatory): _____ Email ID: _____

(The Contact details mentioned above will be updated for future correspondence)

Current mailing address of the Policy Owner (Mandatory) In case of a change in address, please raise a request for address change with valid proof.

Note“ Contents are subject to terms and conditions.”:

1. Cover Continuance can be opted only if the Policy is in premium Discontinuation status.
2. During Cover continuance period, all charges as mentioned in the Terms and conditions would be deducted.
3. Policy may be foreclosed as per the foreclosure conditions mentioned in the T&C

I wish to opt for cover continuance for my policy which is at Premium Discontinuation stage.

Signature of Policy Owner/Assignor

In case of the policy being conditionally assigned, request should be signed both by the Assignee & Assignor

Signature of Assignee

In case of the policy being absolutely assigned, request should be signed by the Assignee

Declaration in case the Policyholder is illiterate or signed in vernacular

I, _____ (name) hereby declare that I have explained the contents of the Request for cover continuance during premium discontinuation to the Policyholder in _____ language and that the Policyholder has signed/affixed his/her thumb impression on the request for cover continuance during premium discontinuation after fully understanding the contents thereof.

Signature of the witness: _____

Date _____

Cut here

Received a request for _____ Acknowledgement Slip against Policy Number _____

On _____ at _____ am/pm

Employee Code _____ Employee Name _____

Date and time stamp/Seal of Branch