



### Student Guard Policy Extension Request Form

\*Name of Insured: \_\_\_\_\_

\*Policy number: \_\_\_\_\_

\*Insured email id: \_\_\_\_\_

\*Insured Contact number: \_\_\_\_\_

\*Insured DOB: DD/MM/YYYY Age: \_\_\_\_\_ Years

\*Present Location and Country of travel: \_\_\_\_\_

\*Extension requested: No. of Days \_\_\_\_\_ From DD/MM/YYYY to DD/MM/YYYY

\*Reason for Extension: \_\_\_\_\_

\*Any previous extensions done: **Yes / No**

\*Have you made any claim since policy inception (including previous extension): **Yes/ No**

If Yes, details of claim made with approximate amount

\_\_\_\_\_  
\_\_\_\_\_

**Declaration:**

I hereby confirm that I am a Resident of India

I confirm that I am still on Student visa and the requirement of the insurance is for the tenure of my studies which are still not completed. My studies will complete in \_\_\_\_ (Month) and \_\_\_\_ (Year)

I hereby declare that there has been no change in my Personal physical & medical condition since the date of issue of the first policy. I confirm I am currently in good health

I understand that any incorrect information about claim or personal/ physical/medical condition shall invalidate this extension and that No refund of premium will be given. The Company will also not be liable to pay any claim filed under the extended Policy.

I understand that this policy is only valid while I am a student, else the policy is not valid and no claim will be paid.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Name & Signature of Insured: