



### Travel Guard Policy Extension Request Form

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

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

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

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

\*Insured DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Years

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

\*Date of departure from India: \_\_\_\_\_

\*Extension requested: No. of Days \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

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

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

\*Do provide current & all previous policy nos: \_\_\_\_\_

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

If Yes, details of claim / diagnosis / claim number with approximate amount

**Declaration:**

I hereby confirm that I am a Resident of India

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.

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

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

Name & Signature of Insured: