



Travel Guard / Domestic Travel Guard Policy Renewal Request Form

*Name of Insured: _____

*Policy number: _____

Provide 3 previous policy nos (if insured age >70 yrs): _____

*Insured email id: _____

*Insured Contact number: _____

*Insured DOB: DD/MM/YYYY Age: _____ Years

*Present Location and Country of travel: _____

*Date of departure from India: DD/MM/YYYY

*Have you made any claim since policy inception: **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: