

SARAL SURAKSHA BIMA, NAVI GENERAL INSURANCE

CHANGE REQUEST FORM

URN – NAVIGICC0318V0

| Guidelines of filling this form |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) Please fill the form in block letters. 2) Put a tick mark wherever applicable. 3) Any alteration in form need to be countersigned by the Policyholder. 4) All the details marked * are mandatory. 5) Note: Any Change requested for Name/Date of Birth/Address/Contact Details/health condition will be incorporated for all the policies with Us. |

| Policy Details |
|--------------------------------------------------------------------------------------------------------------------------|
| Date of Request : <input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="Y Y Y Y"/> |
| Name of the Product : _____ |
| Policy Number* : _____ |
| Name of Policyholder / Proposer* : _____ |

Please tick the appropriate box and fill the details in the corresponding section:

1. Change in Address 2. Change in Tenure 3. Member Addition/ Deletion 4. Others

| 1. Change in Address (Address Proof to be enclosed) |
|-----------------------------------------------------|
| New Address : _____ |
| City* : _____ State* : _____ |
| Pin Code* : _____ |

| 2. Change in Tenure |
|--------------------------------------------------------|
| I want to opt for 3-year plan <input type="checkbox"/> |
| I want to opt for 2-year plan <input type="checkbox"/> |
| I want to opt for 1-year plan <input type="checkbox"/> |

| 3a. Addition of Member | | | | |
|------------------------|---------|-------------------|--------------|-----------------------|
| Name of Insured* | Gender* | DOB (DD/MM/YYYY)* | Relationship | Reason for Addition * |
| 1) _____ | | | | |
| 2) _____ | | | | |
| 3) _____ | | | | |
| 4) _____ | | | | |

*Allowed only for Child(ren) on birth / Spouse on marriage. It is requested to fill fresh proposal form in additions.

| 3b. Deletion of Member | | | | |
|------------------------|---------|-------------------|--------------|---------------------|
| Name of Insured* | Gender* | DOB (DD/MM/YYYY)* | Relationship | Reason for deletion |
| 1) _____ | | | | |
| 2) _____ | | | | |
| 3) _____ | | | | |
| 4) _____ | | | | |

4. Others

| a. Change in Name | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> Policyholder <input type="checkbox"/> Insured | |
| From (Name as per the current policy) | To (To be changed to) |
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| Document Submitted* : <input type="checkbox"/> Pan Card <input type="checkbox"/> Gazetted Notification <input type="checkbox"/> Driving License <input type="checkbox"/> Election Card <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Others (Please Specify): _____ | |
| Note : <ol style="list-style-type: none"> Married women whose name has been changed due to marriage, is requested to submit the Marriage Certificate along with this form. For all other requests with significant name change, a copy of gazetted notification is required. Certified true copy of the supporting document should also be enclosed. | |

| b. Change in Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Policyholder <input type="checkbox"/> Insured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Insured | From (DOB as per policy) | To (To be changed to) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1) _____ | <table border="1"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | <table border="1"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y |
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| Document Submitted* : <input type="checkbox"/> Pan Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Others (Please Specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| c. Change in Contact Details | |
|------------------------------|------------|
| Mobile Number : | Landline : |
| _____ | _____ |
| Email ID : | |
| _____ | |

| d. Change of Nominee (Nominee should be more than or equal to 18 years of age) | |
|--------------------------------------------------------------------------------|-------|
| Name of Nominee : | _____ |

Relationship with Policyholder : _____

e. Any Other Change Request

Policyholder Insured

Name* : _____

(In case there is any alteration to the information you furnished at the time of proposing of cover, please provide the same below.)

Change From : _____

Change To : _____

Declaration

- I/We hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the Policy.
- I / We hereby declare and warrant that on my behalf and on behalf of all the insured that all the information provided above are true and complete in all respect and no other information which is relevant in the context has been suppressed.

Signature/Thumb impression of Policyholder : _____

Date :

Place : _____

Disclaimer

Your Policy has been issued based on the declarations on the proposal form filled at the time of taking the first policy from Us. The rates, terms & conditions of the policy have been determined based on this information. Wherever there has been any material change to this information, We shall be entitled to modify or vary the terms of insurance and/or premium, if necessary, accordingly. Any change in terms or premium will be communicated to You in writing and the Policy will be renewed after your specific consent to such changes.

Acknowledgement Slip

Policy Number : _____

Name of Policyholder : _____

Request for : _____

Request Received by : _____ Branch : _____

Date and time of receipt : :

Signature & Stamp of Navi General Insurance Limited