

Reliance Travel Care Policy Extension Request Form

(Re	equest for Single Insured Only)														
1.	Name of Insured/Insured Person								1 1				<u> </u>		
2.	Name of Insurance Company								1 1				I I		
3.	Type of Policy/Plan														
4.	Policy Number														
5.	Period of Insurance	From d d	d m m y	у у у	То	b b	m _I m	уу	уу						
6.	Date of Birth of Insured Person	d d m	m y y	ууу	Age _		_Years								
7.	Required Extension Period	From d	d m m	уј уј уј у	То	d d	m _I m	уу	ууу		Days				
8.	Reason for Extension:														
9.	. Have you made any claim during the current Policy period? If YES, details of claim made with approximate amount										Yes		No		
10. Are you in good health?11. Have you undergone any treatment/medication, diagnosed with any illness/condition or suffered from any injury during the									Yes		No				
	Policy period		., ang								,		Yes		No
12	12. Start date of first policy with us on which continuous Extension is being sought														
13.	13. Has any extension being made to the policy before this request?									Yes		No			
	If YES, please mention the total duration of the Policy as on expiry of the last extensiondays														
14.	14. Where there is a break in Insurance, please provide the following information:Reason for delay in approaching the Insurer for extension														
-Any Pre-existing Disease?									[Yes					
	- Any Hospitalisation during the period when there was no cover?									Yes] No)			
	- Insured has undergone any treatment/medication or suffered any injury during the same period									Yes	No				
Where the Insured answers YES to any of the above questions, please provide details:															

Declaration

I hereby solemnly declare that the above information provided is true to the best of my knowledge and understanding. I agree and accept that Reliance General Insurance Co. Ltd. is not liable to pay for any claim towards disease / illness / injury whose signs / symptoms originated or related treatment taken or actual loss occurred during the break in period or may occur in future due to any incident occurred during break in period (if any)

Date:	d d	m m	у у	УУУ	Place:
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Name and Signature of the Insured

Note: No extension will be permitted in the event of any claim reported under the Medical Expenses section of the Policy.

An ISO 9001:2015 Certified Company

IRDAI Registration No. 103. Reliance General Insurance Company Limited. Registered Office & Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055. Corporate Identity Number U66603MH2000PLC128300. UIN: RELTIOP08002V010708. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/HL-06/EXTN-FORM/Ver1.1/180820.