



Reliance Travel Care Policy Extension Request Form

(Request for Single Insured Only)

1. Name of Insured/Insured Person

2. Name of Insurance Company

3. Type of Policy/Plan

4. Policy Number

5. Period of Insurance From To

6. Date of Birth of Insured Person Age Years

7. Required Extension Period From To Days

8. Reason for Extension:

9. Have you made any claim during the current Policy period? Yes No
If YES, details of claim made with approximate amount

10. Are you in good health? Yes No

11. Have you undergone any treatment/medication, diagnosed with any illness/condition or suffered from any injury during the Policy period Yes No

12. Start date of first policy with us on which continuous Extension is being sought

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 extension days

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 No

-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: Place:

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 9001:2008 Certified Company