STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 - 28288800
Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone : 044 - 4788 6666
Email: support@starhealth.in | **Website:** www.starhealth.in | **CIN:** L66010TN2005PLC056649 | **IRDAI Regn. No.:** 129

Proforma Service Request Form

Proposer Name* _____ Policy Number* _____

I request you to kindly effect the following change(s) in the policy

☐ Change of address ☐ Change of Contact details ☐ Change of Occupation

☐ Correction in Insured details ☐ Others (please Tick the appropriate option(S))

Change of address :

New Address : _____

_____

City : _____ State : _____

Pin Code : _____ Country : _____

Change of contact details :

Email id : _____ Contact No. : _____

Change in Occupation : _____

Correction in Insured Details :

Sl. No.	Name of the Insured person	Date of Birth	Gender

Others (Please specify any other Requirement):

Declaration :

I hereby declare that the information provided above are true to the best of my knowledge.

Date :

Place :

_____

* Please fill mandatory fields

Signature of proposer

FOR BRANCH USE ONLY

Branch Name : _____ Received Date : _____