

# Extension Request Letter

To avail benefits of portability, I have applied for portability with a new insurance company. Due to impending decision on acceptability of my proposal, I wish to extend my policy. My current policy details are as under.

Name of Policyholder : \_\_\_\_\_

Policy number : \_\_\_\_\_ Policy Expiry Date : 

D	D	M	M	Y	Y	Y	Y
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Period of extension : 1 month  2 months  Premium Deposited Rs. \_\_\_\_\_

Porting Insurer Name : \_\_\_\_\_

Date of Portability application submitted to other insurer : 

D	D	M	M	Y	Y	Y	Y
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Porting product name : \_\_\_\_\_

Reason for porting : \_\_\_\_\_

Instrument type: Cash  Cheque  Debit Card  Credit Card  Others \_\_\_\_\_

Instrument Number	Name of the Premium Payor	Bank details	Date	Amount (in Rs.)

Please make a Crossed Cheque/DD/Pay Order in favour of 'Apollo Munich Health Insurance Company Limited' only.

Section 41 of Insurance Act1938 (Prohibition of rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

### Please note the following:

- Extension would be granted only once for period as selected above
- The extension would be offered on same terms and conditions as per current policy

Date: \_\_\_\_\_

Signature of Policyholder: \_\_\_\_\_

We would be happy to assist you. For any help contact us at: E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free : 1800-102-0333