Star Health and Allied Insurance Co. Ltd.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai – 600 034.
Toll free Phone No: 1800425 2255 Toll free Fax No: 1800425 5522
CIN :U66010TN2005PLC056649 Email: info@starhealth.in Website: www.starhealth.in 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 :

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: Signature of proposer

* Please fill mandatory fields

FOR BRANCH USE ONLY

Branch Name: _____ Received Date: _____