



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

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CIN : L66010TN2005PLC056649 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 :

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 : _____