

**Policy Extension / Renewal Request Form**

I/We hereby furnish the below records for application of the current / running TATA AIG Travel Insurance - International / TATA AIG Travel Insurance - International plus / TATA AIG Travel Insurance - Student / TATA AIG Travel Insurance - Domestic Policies issued by TATA AIG as below.

<b>Name of the Applicant / Insured</b>			
<b>Applicant / Insured Email Id</b>			
<b>Where is / are the Insured currently?</b>	Present Location of Insured		
<b>Departure Date from India</b>	DD/MM/YYYY	(Trip Start Date) [Please share Proof of Travel]	
<b>Extension Required</b>	<b>From</b>	DD/MM/YYYY	<b>To</b> DD/MM/YYYY
	<b>No of Days</b>		<b>DOB</b> DD/MM/YYYY
<b>Why extension is required?</b>	Please share the reason for extension		
<b>Any previous extensions done?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please share the reason for extension		

**For Students:**

<b>What was the start date of their course?</b>	
<b>What is the current Visa status of the Insured?</b>	
<b>Is their studies completed currently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How long will their study continue if not completed?</b>	

**TATA AIG GENERAL INSURANCE COMPANY LIMITED**

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India  
 24\*7 Toll free No.: 1800 266 7780/1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com  
 • IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • <<Product Name>> UIN: <<UIN>>

Policy Number	Insured Name	Please specify Pre-Existing Medical Condition (Prior to Departure from India).	Does the Insured has/ have Claims during the Current Overseas Trip?	Type of Claim/ Diagnosis*	Approx. Claim Amount/ Cost	Claim Number if registered
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

\*Medical documents should contain the information related to the treatment taken, diagnosis report, discharge summary, OPD or IPD papers / reports, consultation papers or any other documents which may be necessary for evaluation of the claims. Please share complete set of medical documents along with the extension form for evaluation of the extension request. Any extension if accepted by Us is subject to medical condition, claim history and reoccurrence nature of medical condition which could result in a claim during the extension period.

#Additional information (if any) \_\_\_\_\_

**Declaration:**

- I hereby confirm that I am an Indian Resident and I am not travelling on an Immigrant Visa.
- I hereby confirm Initial (fresh/new) Policy was purchased whilst the Insured was in India and the trip has started from India.
- I confirm I am currently in good health and declare that there has **been a change/no change** in my personal physical & medical condition since the date of inception of the first Policy.
- I understand that any incorrect information about claim or personal/physical/medical condition shall invalidate this extension. The company will also not be liable to pay any claim filed under the extended Policy and No refund of premium will be processed.

\*Date: DD/MM/YYYY

\*Place: \_\_\_\_\_

**Signature of Insured / Applicant (Relationship with Insured)**



**Disclaimer:** Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the Policy Wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

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