

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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 IRDA Regn. No.123 PAN AABCC6633K | CIN: U66030TN2001PLC047977

Application Form For Portability

Details of the Proposer

Name of the Policyholder / Proposer:		Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Address:				
Office Ph. No:		Residence Ph. No:		
Mobile:		Email Id:		

Details of the Existing Insurer

Name of the existing Insurer:		
Policy No:	Type of Policy: <input type="checkbox"/> Individual <input type="checkbox"/> Floater	
Period of Insurance:	From	To
Name of the Product:	IRDAI Product ID:	

A. Details of the Persons Covered*

Name of the Persons	Gender	Aadhar No.	Pan No.	Member ID under expiring policy	Date of Birth	Age in completed years

B. Details of the Persons Covered*

Name of the Persons	No. of years of continuous coverage including that under the expiring policy	Sum insured under the expiring policy	Cumulative Bonus	Claims experience

** Give only those of the members who want porting-out.

Details of the Proposed Insurance

Name of the Insurer:
Name of the product proposed/intended to be taken:
Whether Cumulative Bonus to be converted to an enhanced Sum Insured: Yes/No

Refer our website for Policy Wordings and detailed Terms & Conditions, Exclusions and the Ombudsman list.

 Call Toll Free: **1800 200 5544 / 1800 208 5544** | SMS **CHOLA** to **56677** | Visit www.cholainsurance.com | Email customer@cholams.murugappa.com

Disclaimer: The Company may contact you for matters related to your policy or to provide details of products & services offered. To opt out from the facility, please register under Do Not Call section on our website.

Reasons for Portability (Tick whichever is applicable)

1. Service problem <input type="checkbox"/>	8. Wider coverage available with new insurer <input type="checkbox"/>
2. Price is better <input type="checkbox"/>	9. Wrong repudiation of claims by current insurer <input type="checkbox"/>
3. Product is not suitable <input type="checkbox"/>	10. Wrong deductions in claims/Claims settled for less amounts <input type="checkbox"/>
4. Dissatisfied with existing insurer <input type="checkbox"/>	11. Delay in claim settlements <input type="checkbox"/>
5. Claim not handled properly <input type="checkbox"/>	12. Delay in policy issuance <input type="checkbox"/>
6. Policy servicing by current insurer is not good <input type="checkbox"/>	13. Renewal notices not received <input type="checkbox"/>
7. Premium rates with existing insurer is high/costly <input type="checkbox"/>	14. Existing agent not providing service <input type="checkbox"/>
Any Other	

Details of Previous Insurance for the last 4 years

S.No.	Name of the Insured	Under expiring policy		Under preceding 1st year policy	
		From:	To:	From:	To:
		Name of Insurer	Policy No.	Name of Insurer	Policy No.
1					
2					
3					
4					
5					

S.No.	Name of the Insured	Under preceding 2nd year policy		Under preceding 3rd year policy	
		From:	To:	From:	To:
		Name of Insurer	Policy No.	Name of Insurer	Policy No.
1					
2					
3					
4					
5					

DECLARATION

I have understood the difference between the expiring policy with M/S. _____ and the proposed policy with M/S. _____ especially relating to pre existing disease exclusions, time bound exclusions and other terms and conditions. I also give my consent to the proposed insurer to access my previous policy and claims details through my previous insurers/ Insurance information Bureau of India. I understand in the event of my renewal of existing policy with the present insurer also the new policy now issued by the new Insurer will not be treated as a ported policy in case of any change in the information furnished in the proposal form (attached herewith) regarding member(s) details/ health status and claims Subsequent to the date of this application, I shall communicate to the insurer before inception of this policy.

Place:

Date:

Signature of the proposer

Please note the following

For availing the portability benefits, please submit the following documents in addition to portability form duly filled.

- Self attested copies of the previous year's policy schedule (s).
- Proposal form duly filled and signed in all, respects.
- Details of existing and previous policies. (Please furnish the details in the enclosed sheet)

ACKNOWLEDGEMENT

Received the Portability and the Proposal form from Mr./Ms.-----

For coverage under our-----policy.

Place:

Date:

Signature of the Insurer:

Name of the Insurer: