

COCOProtect - CHANGE REQUEST FORM

Guidelines of filling this form

- 1) Please fill the form in block letters.
- 2) Put a tick mark wherever applicable.
- 3) Any alteration in form need to be countersigned by the Policyholder.
- 4) All the details marked * are mandatory.
- 5) Note: Any Change requested for Name/Date of Birth/Address/Contact Details/health condition will be incorporated for all the policies with Us.

Policy Details

Date of Request :

Name of the Product : _____

Policy Number* : _____

Policyholder Name* : _____

Change in Name

Policyholder Insured

From (Name as per the current policy)

To (To be changed to)

- | | |
|--|--|
| <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ | <ol style="list-style-type: none"> _____ _____ _____ _____ |
|--|--|

Document Submitted* : Pan Card Gazetted Notification Driving License
 Election Card Aadhar Card
 Others (Please Specify) : _____

Note

- a) Women who wish to change their name/surname post marriage, are requested to forward a copy of the marriage certificate.
- b) For all other requests with significant name change, a copy of gazetted notification is required.
- c) Certified true copy of the supporting document should also be enclosed.

Change in Date of Birth

Policyholder Insured

Name of Insured

From (DOB as per policy)

To (To be changed to)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ | <table border="1" style="width: 100%; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | <table border="1" style="width: 100%; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Document Submitted* : Pan Card Passport Driving License Others (Please Specify) _____

Change in Occupation		
Name of Insured	Occupation as declared in policy*	Current Occupation*
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Change in Address	
New Address :	_____
City* :	_____ State* : _____
Pin Code* :	_____

Change in Contact Details	
Mobile Number :	_____ Landline Number : _____
Email ID :	_____

Change of Nominee (Nominee should be more than or equal to 18 years of age)	
Name of Nominee :	_____
Relationship with Policyholder :	_____

Deletion of Insured Person				
Name of Insured*	Gender*	DOB (DD/MM/YYYY)*	Relationship	Reason for deletion
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

Inclusion of Health Condition		
Name of Insured	Name of Illness/Disease	Date of first Diagnosis
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Any Other Change Request	
<input type="checkbox"/> Policyholder	<input type="checkbox"/> Insured
Name* :	_____
(In case there is any alteration to the information you furnished at the time of proposing of cover, please provide the same below.)	
Change From :	_____
Change To :	_____

COCOProtect | UIN : NAVPAIP21357V022021

Declaration	
I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the Policy.	
Signature/Thumb impression of Policyholder	Date : <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Place : _____

Disclaimer
Your Policy has been issued based on the declarations on the proposal form filled at the time of taking the first policy from Us. The rates, terms & conditions of the policy have been determined based on this information. Wherever there has been any material change to this information, We shall be entitled to modify or vary the terms of insurance and/or premium, if necessary, accordingly. Any change in terms or premium will be communicated to You in writing and the Policy will be renewed after your specific consent to such changes.

Acknowledgement Slip	
Policy Number	: _____
Name of Policyholder	: _____
Request for	: _____
Request Received by	: _____ Branch : _____
Date and time of receipt	: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
Signature & Stamp of NAVI General Insurance Limited	

COCOProtect | UIN : NAVPAIP21357V022021

Registered & Corporate Office: Navi General Insurance Limited
 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155