

COCOCure – CHANGE REQUEST FORM

URN – DHFLGICC0318V0

GUIDELINES OF FILLING THIS PROPOSAL 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: D D M M Y Y Y Y

Name of the Product: _____

Policy Number*: _____

Name of Policyholder / Proposer*: _____

Please tick the appropriate box and fill the details in the corresponding section:

1. Change in Address 2. Change in Tenure 3. Member Addition/ Deletion 4. Others

01 CHANGE IN ADDRESS (Address Proof to be enclosed)

New Address: _____

City*: _____ State*: _____ Pin Code* _____

02 CHANGE IN TENURE

I want to opt for 3-year plan

I want to opt for 2-year plan

I want to opt for 1-year plan

03a ADDITION OF MEMBER

	NAME OF INSURED*	GENDER*	DATE OF BIRTH* (DD/MM/YYYY)	RELATIONSHIP	REASON FOR ADDITION *
1.					
2.					
3.					
4.					

*Allowed only for Child(ren) on birth / Spouse on marriage. It is requested to fill fresh proposal form in additions.

03b DELETION OF MEMBER

	NAME OF INSURED*	GENDER*	DATE OF BIRTH* (DD/MM/YYYY)	RELATIONSHIP	REASON FOR DELETION
1.					
2.					
3.					
4.					

04 OTHERS

a. Change in Name

Policyholder <input type="checkbox"/> Insured <input type="checkbox"/>	
From (Name as per the current policy)	To (To be changed to)
1.	
2.	
3.	
4.	

Navi General Insurance Limited

(Formerly known as DHFL General Insurance Limited)

COCOCure | UIN : DHFHLIP18051V011819

Registered & Corporate Office : 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (East), Mumbai - 400 099.

Toll Free : 1800-123-0004 | Fax : 022-4001 8251 | Website : www.cocogeneralinsurance.com | Email : mycare@cocogeneralinsurance.com

CIN : U66000MH2016PLC283275 | IRDAI Registration Number : 155

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

Note:
 1. Married women whose name has been changed due to marriage, is requested to submit the Marriage Certificate along with this form.
 2. For all other requests with significant name change, a copy of gazetted notification is required.
 3. Certified true copy of the supporting document should also be enclosed.

b. Change in Date of Birth

Policyholder Insured

Name of Insured	From (DOB as per policy)	To (To be changed to)
1.	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
2.	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
3.	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
4.	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): _____

c. Change in Contact Details

Mobile Number: _____ Landline Number: _____ Email ID: _____

d. Change of Nominee (Nominee should be more than or equal to 18 years of age)

Name of Nominee: _____
 Relationship with Policyholder: _____

e. Any Other Change Request

Policyholder 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 : _____

DECLARATION

1. I/We 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.
 2. I / We hereby declare and warrant that on my behalf and on behalf of all the insured that all the information provided above are true and complete in all respect and no other information which is relevant in the context has been suppressed.
 Date: / / Place: _____ Signature/Thumb impression of Policyholder: _____

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 : D D M M Y Y Y Y

 Signature & Stamp of Navi General Insurance Limited