REFUND ENDORSEMENT REQUISITION FORM

DATE:……………..…. REQUESTED BY:……………………………………………………

AGENT / BROKER   ………………………………………………………………

INSURED   ………………………………………………………………

POLICY NUMBER   …..………………………….**KRA PIN:**………………………….

CLASS OF INSURANCE…………………………POLICY PERIOD:……………………………

REASON FOR REFUND: Cancellation   Sum Insured revision   Rate adjustment
Adjustment of policy Schedule   Overdebiting   Deletion   Pvt   Others (*tick as appropriate*)

   (*Narration*)..

   ....

   …………………………….………………………………………………………………

   ……………………………………………………………………………………………..

DETAILS OF CLAIMS

CLAIM REPORTED WITHIN THE POLICY PERIOD: Yes ☐   No:☐
If Yes: Claim no:……………………………. D.O.L……………………
Payment date…………………Payment In progress: ☐ (*tick as appropriate*)

REFUND TABULATION

BASIC REFUND	
REFUND I.T.L	
REFUND P.C.F	
REFUND TOTAL	

APPROVAL:

REFUND RISK NOTE DATE: ……………………………………………………………….

SUPERVISOR   ………………………………………………………………

MANAGER   ………………………………………………………………

GM/MD   ………………………………………………………………