

Star Health and Allied Insurance Co. Ltd.
Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennal – 600 034.
Toll free Phone No: 1800425 2255 Toll free Fax No: 1800425 5522 CIN: U66010TN2005PLC056649 Email: info@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

Proforma Service Request Form

Proposer Name *	Policy Number *	
I request you to kindly effect the following change(
Change of address	Change of contact details	Change of Occupation
Correction in Insured details	Others	(please Tick the appropriate option(s))
Change of address :		
City :	State :	
Pin code :	Country : _	
Change of contact details :		
Email id :	Contact No. :	
Change in Occupation :		
Correction in Insured Details :		
Name of the Insured person	Date of Birth	Gender
Others (Please specify any other Requirement):		
	- 2, <u>- 1</u>	
Declaration:		
I hereby declare that the information provided abo	ve are true to the best of my knowl	edge.
Date :		
Place:	_	Signature of proposer
ridce.		Signature of proposer
* Please fill mandatory fields		
	FOR BRANCH USE ONLY	
	ON BRAINCH USE UNLY	
Branch Name:	Received Date:	
	neceived Date.	