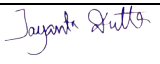


REQUEST FOR ENDORSEMENT OF PRE-EXISTING DISEASE

Policy Number: 100037167000

Name of Proposer: Jayanta Dutta

I, Mr. / Mrs. / Ms. Jayanta Dutta, hereby make a request to pass an endorsement related to the following ailment(s):

Sr. No.	Name of Insured	Name of Ailment / Surgery to be Endorsed And Names and Dosage of Medicines Prescribed	Date of Diagnosis / Surgery (in DD/MMM/YYYY format) of Ailment / Surgery to be Endorsed	Sign of Insured
1	Jayanta Dutta	Hypertension Medicine : Arbitel trio 50 (Once Daily)	29/09/2021	

I understand that the mere acceptance of this request form and submission of information does not indicate that the endorsement will be passed



Signature of Proposer

Date: 14/01/2026

Place: Habra