

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, ValluvarKottam High Road, Nungambakkam,
Chennai - 600 034. ★ Phone: 044 - 28288800 ★ Email: support@starhealth.in
Website: www.starhealth.in ★ CIN: U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129
Application for Portability Form - Part I

Details of the Proposer Name of the Policyholder / Proposer			Gender: Male /	[/] Female Ad	dress	
Mobile Off	/ Res	Fmail Id	(to be filled-in if undate	es are desired)		
Details of the Existing Insurer	, 1103		(to be fined in it apade)	es are aesirea.		
Name of the existing Insurer		Policy No)	Period of Insurance Fr	om	To
Name of the Product		IRDAI Prod	luct ID	Type of Polic	cy (✔) : Individu	ıal ∏ / Floater ∏
Details of the Person Covered**				,,	, ,	
Name of the persons	Gender	Aadhar No.	Pan No.	Member ID under expiring policy	Date of Birth	Age in Completed years
Name of the persons No		s of continuous coverage the expiring poli	Sum insured under the expiring policy	Cumulative Bonus	Claims experience	
Price is better	nverted to an e ichever is app Product is not Delay in police Delay in claim urrent insurer be between the e ance Co. Ltd. es posed insurer renewal of exis	Name of nhanced Sum Insured Disable): suitable Dissatisficting a Renewal Settlements Existing a Wrong deductions in control Part II expiring policy with M/S. Specially relating to preexist to access my previous politing policy with the presentations in the proposal forms of the propos	Yes / No led with existing insure notices not received agent not providing ser laims/Claims settled fo string disease exclusion licy and claims details that insurer also the new form (attached herew	Policy servicing I Wider coverage vice Premium rates were less amounts Any Ot strongh my previous insure policy now issued by the relation member(s)	by current insur available with r vith existing insi her and the p nd other terms ers / Insurance new Insurer will	er is not good new insurer urer is high/costly roposed policy with and conditions. information Bureau not be treated as a
Place: Date:			Signature o	of the proposer:		
Please note the following For availing the portability benefits, p • Self attested copies of the previo • Proposal form duly filled and sig • Details of existing and previous p	ous year's polic ned in all, respe	y schedule (s). ects. e furnish the details in the	enclosed sheet)	y form duly filled.		
			WLEDGEMENT			
Received the Portability and the Prop	oosal form from	n Mr./ Ms		For coverage unde	er our	policy.
Place:			Signature:			
Date:	Name of the Insurer:					
		Details of Previous In	surance for the last 4	years		
					T	

	Details of Previous Insurance for the last 4 years								
		Under expiring policy		Under preceding 1st year policy		Under preceding 2nd year policy		Under preceding 3rd year policy	
S. No.	Name of the Insured	Name of Insurer	Policy no.	Name of Insurer	Policy no.	Name of Insurer	Policy no.	Name of Insurer	Policy no.
1									
2									
3									
4									
5									

Additional Declaration

I confirm having filled up and signed the proposal and pulnsured with for year(s)	ortability forms, proposing to port the policy number
• · · · · · · · · · · · · · · · · · · ·	hat none of the insured person(s) has/have been diagnosed with (or) treated for (or jury other than those that have been mentioned in the proposal form.
Place:	Signature of the Proposer
Date:	
Neter	
Note:	

Please have a re-look of your proposal. If you or any of the insured person(s) have suffered or suffering from any of the diseases which has not been mentioned in the proposal, the claim that may arise will result in the repudiation of the claim/cancellation of the policy. The other option for you is to continue with the existing insurer.