



# Star Health and Allied Insurance Co. Ltd.

Dear Customer,

We thank you for choosing Star Health and Allied Insurance Co Ltd for taking the insurance policy.

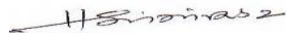
Please note that the policy is subject to the condition of “free look period”. As per this clause, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

A specimen application form in this regard is also available in the website, which may be made use of, if you choose to exercise

Free look cancellation is not applicable for renewals this option.

Thanking You,

Yours faithfully,



Authorised Signatory

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai – 600034.  
Phone : 044 – 28288800 Telefax : 044 – 28260062 Website : [www.starhealth.in](http://www.starhealth.in)

IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649



# Star Health and Allied Insurance Co. Ltd.

## Application for cancellation of policy under free look period.

Name of the Proposer		
Address of the Proposer		
Phone No		
Email ID		
Policy Number		
Policy Period	From	To
Date of receipt of the policy		
Reasons for cancellation		

I want to exercise the Free Look period option and request for cancellation of the policy.

Thanking You,

Yours faithfully,

Signature of the Proposer

Place :

Date :

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