

Personal Information Verification Form for Lapsed Policies

Policy Information

Policy Number(s)

Enter policy number(s)

Policyholder Name

Full name as per policy records

Personal Details

Date of Birth

Contact Number

Enter phone number

Email Address

example@email.com

Current Address

House/Street, City, PIN, State

Verification

ID Document Provided (Type & Number)

e.g. Passport - XYZ123456

Remarks (if any)

Optional

I hereby declare that the above information is true and correct to the best of my knowledge.

Signature

Type full name for e-sign

Date

Note: Please attach a copy of your valid ID proof along with this form. For further assistance, contact your insurance representative.

