

# 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.*

