CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
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IRDA Regn. No.123 PAN AABCC6633K | CIN: U66030TN2001PLC047977

Application Form For Portability

Details of the Proposer

Name of the Policyholder / Proposer:		Gender:	☐ M	☐ F
Address:				
Office Ph. No:		Residence Ph. No:		
Mobile:		Email Id:		

Details of the Existing Insurer

Name of the existing Insurer:		
Policy No:	Type of Policy: ☐ Individual ☐ Floater	
Period of Insurance:	From	To
Name of the Product:	IRDAI Product ID:	

A. 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

B. Details of the Person Covered*

Name of the Persons	No. of years of continuous coverage including that under the expiring policy	Sum insured under the expiring policy	Cumulative Bonus	Claims experience

** Give only those of the members who want porting-out.

Details of the Proposed Insurance

Name of the Insurer:
Name of the product proposed/intended to be taken:
Whether Cumulative Bonus to be converted to an enhanced Sum Insured: Yes/no

Reasons for Portability	Tick whichever is applicable
Service problem	
Price is better	
Product is not suitable	
Dissatisfied with existing insurer	
claim not handled properly	
Policy servicing by current insurer is not good	
Premium rates with existing insurer is high/costly	
Wider coverage available with new insurer	
Wrong repudiation of claims by current insurer	
Wrong deductions in claims/Claims settled for less amounts	
Delay in claim settlements	
Delay in policy issuance	
Renewal notices not received	
Existing agent not providing service	
Any Other	

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

		Under preceding 2nd year policy From: To:		Under preceding 3rd year policy From: To:	
S.No.	Name of the Insured	Name of Insurer	Policy No.	Name of Insurer	Policy No.
1					
2					
3					
4					
5					

DECLARATION

I have understood the difference between the expiring policy with M/S._____ and the proposed policy with M/S. _____ especially relating to pre existing disease exclusions, time bound exclusions and other terms and conditions. I also give my consent to the proposed insurer to access my previous policy and claims details through my previous insurers/ Insurance information Bureau of India. I understand in the event of my renewal of existing policy with the present insurer also the new policy now issued by the new Insurer will not be treated as a ported policy in case of any change in the information furnished in the proposal form (attached herewith) regarding member(s) details/ health status and claims Subsequent to the date of this application, I shall communicate to the insurer before inception of this policy.

Place:

Date: **Signature of the proposer**

Please note the following

For availing the portability benefits, please submit the following documents in addition to portability form duly filled.

- Self attested copies of the previous year's policy schedule (s).
- Proposal form duly filled and signed in all, respects.
- Details of existing and previous policies. (Please furnish the details in the enclosed sheet)

ACKNOWLEDGEMENT

Received the Portability and the Proposal form from Mr./Ms.----------

For coverage under our----------policy.

Place: **Signature of the Insurer**:

Date: **Name of the Insurer**: