Health Declaration:

Mode of declaration :-(Email from Insured with same Email ID mentioned in Policy certificate)/ (Letter with the Signature of the insured)

Please fill in Part A in case of a claim free policy or part B in case of any known or reported claim on the policy.

PART A

I ……………………………… having ICICI Lombard's travel insurance policy number ………………….. valid from ……………….. to …………….. , would like to extend the policy upto ……………….. (date eg: 1-Sept-2012).

I have not filed any claims on the on the policy (including extensions if any).

At present I am also not suffering from any physical or mental illness, disease or condition nor am I aware of any situation <u>as on today</u> that can result in a claim in the future.

I hereby declare and affirm that the above mentioned facts are true and correct to the best of my knowledge and nothing material has been concealed therefrom. The Company has the right to cancel the policy and not to honour my claim in case of misrepresentation of facts.

(Name)/(Signature)/(Date)

PART B

I …………………...……... having ICICI Lombard's travel insurance policy number ……………….. valid from ………………… to ………………. , would like to extend the policy up to ……………….. (date eg: 1-Sept-2012).

The detail of claims that have been lodged by me or will be lodged by me on the policy (including extensions if any) expiring on ……………… (date) are as stated herein below:

Claim no. *	Intimation Date *	Details of claim (type of claim)

(* If claim lodged already)

At present I am not suffering from any physical or mental illness, disease or condition nor am I aware of any situation as on today that can result in a claim in the future

I hereby declare and affirm that the above mentioned facts are true and correct to the best of my knowledge and nothing material has been concealed therefrom. The Company has the right to cancel the policy and not to honour my claim in case of misrepresentation of facts.

_____
(Name)/ (Signature)/ (Date)