

REQUEST FOR ENDORSEMENT OF PRE-EXISTING DISEASE

Policy Number: _____

Name of Proposer: _____

I, Mr./Mrs./Ms. _____, hereby request the insurer to pass an endorsement related to the following ailment(s):

I, **[Proposer's Name]**, hereby declare that I intend to disclosing additional medical information pertaining to pre-existing medical condition (self/spouse/dependent) post issuance of policy (policy number), date of issuance DD/MM/YY.

I understand that this may be impact or require revision of my policy terms.

Details of Ailment(s) / Surgery to be Endorsed

Sr. No.	Name of Insured	Name of Ailment / Surgery to be Endorsed	Names and Dosage of Medicines Prescribed	Date of Diagnosis / Surgery (DD/MMM/YYYY)
1.				
2.				
3.				

Declaration

I acknowledge that, as per IRDAI guidelines, any **misrepresentation, non-disclosure, or concealment of material facts** related to my health, medical history, or lifestyle habits may result in **cancellation of my policy, denial of claims, or other actions** as per the insurer's policy terms and applicable regulations.

I further confirm that I have read and understood the implications of this declaration and accept that the insurer reserves the right to take appropriate action if any discrepancy is found at any stage.

I understand that the mere acceptance of this request form and submission of information **does not imply approval or passing of the endorsement**. The insurer will process this request as per the underwriting guidelines and policy terms.

Signature of Proposer: _____

Date: _____

Place: _____