

Please note Free Look cancellation is not available for Renewal Policies

**POLICY & PROPOSER DETAILS**

Policyholder's Name:

Policy Number:

Policy Start Date:         Policy Receipt Date:

Address for Correspondence:

City:  Landmark:

State:  Pin Code:

Phone No. STD Code:  Landline No.:  Mobile No.:

E-Mail ID:

**REASON FOR FREE LOOK CANCELLATION (Optional)**

☐ Not satisfied with Policy Terms & Conditions

☐ Policy features are different from what communicate

☐ Want to opt for a different plan

☐ Others   
(Please specify)

**NEFT DETAILS**

Please provide below details if you have not provided it in Proposal form Or if you need refund in a different account. Please attach a cancelled cheque copy signed by account holder.

Name as per bank Records:  PAN Number:

Name of Bank:

Account Number:

Branch Name:  IFSC Code:

Disclaimer: Magma General Insurance limited shall not be held responsible in case the premium refund is not credited to your bank account or if transaction is delayed or not effected at all due to incomplete or incorrect information provided in this form.

Date:

Place:

Signature of Policyholder

**DECLARATION**

- I hereby submit that I am the policyholder of the above mentioned health policy of Magma General Insurance Limited. I request you to cancel this policy. I understand that Free Look cancellation can be availed within 30 days of receipt of policy document and refund under the policy shall be in accordance with policy terms and conditions and extant IRDAI regulations.
- I request you to please process the Free Look cancellation request of my policy and refund the premium after adjusting applicable charges.
- I do hereby declare and confirm that the details provided in this form are correct and accurate.
- I understand that from the date of Free Look cancellation request of my policy, my health cover under this policy along with other benefits under the policy shall cease to exist.
- I understand that Magma General Insurance Limited reserves the right to reject the Free Look request if the conditions as mentioned in policy documents are not fulfilled or if complete information is not provided in this form.

Date:

Place:

Signature of Policyholder