

FROM

-----/-----/-----

TO
The Branch Manager
CHOLA MS GENERAL INSURANCE COMPANY LTD
CHENNAI

Dear Sir,

Sub:- Extension of Overseas Mediclaim Policy

This is to inform you that I have taken Overseas Mediclaim Policy .

My policy number is_____.PASSPORT NO:_____. I have taken for
_____days. Now I want to extend the policy for another _____ days more.

Kindly extend the policy for the days mentioned above.

I went out of station and I am not able to renew it in time.

**I DECLARE AND CONFIRM THAT I HAVE NOT MADE ANY CLAIMS
SO FAR AND I AM IN A GOOD HEALTH CONDITION.**

Thanking you,

Yours faithfully,

()