Date: _____

To,
Divisional Manager,
Broker's D.O. (230600),
The New India Assurance Co Ltd,
204, Trinity Business Park,
'Madhuvan' Circle, L.P. Savani Road,
Adajan, Surat – 395009.

Re: To renew my mediclaim policy with all the continouty benefits during grace period

Respected Sir,

I, _____, having a New Mediclaim policy with you bearing policy number _____ booked in your office, want to renew my policy. My policy has already been expired on _____. **I hereby declare that all the members covered in aforementioned policy number are in good health condition and during the period of break in insurance, none of them has been contracted with any disease/ailment. I also acknowledge the fact that no benefit will be payable in respect of any claim incurred during the period of break in insurance. The declaration made by me herein is true and to the best of my knowledge and in case of the same found to be false, all the benefits payable under the policy shall be forfeited.**

Therefore I hereby request you to kindly renew my policy in your office and allow me the benefit of continuity w.e.f. _____ as I am renewing my policy during grace period of 30 days.

Yours Sincerely,

Name of the Insured: _____
Mobile Number: _____
Date: _____