

# FREE LOOK CANCELLATION REQUEST FORM



Version 4.1

## Change in Contact Details (Mandatory valid self attested address proof to be submitted)

① \*Mobile

✉ \*Email

CKYC No.

\* Details are mandatory to be filled.

## DECLARATION

I hereby submit that I am the holder of an insurance policy with Canara HSBC Life Insurance Company Limited (Company). I would like to voluntarily cancel the said policy under freeloop cancellation provision. I understand that freeloop cancellation can be availed within 30 days from the date of receipt of the policy document. The payout shall be strictly in accordance with the policy terms and applicable IRDAI regulation.

I understand that the premium shall be refunded subject only to deduction of the proportionate risk premium for the period of the cover, stamp duty and medical expenses (if any).

I understand that my insurance cover along with other benefits as per the terms and conditions of the policy contract will cease to exist with effect from the date of acceptance of free look cancellation request by the Company.

I hereby declare that the policy details and the bank account details provided by me are true and correct, if provided and I hereby authorize the Company to credit the proceeds under the above policy to my bank account given, at my sole risk. I confirm and indemnify the Company against all losses/damages incurred by it due to any obtained by

I/ We authorize the Company to seek/ store or/ and to share my KYC details from/ with (i) Governmental and/ or Regulatory Authority, (ii) Insurance Repositories (iii) CERSAI/ other authentication agencies (iv) reinsurers/ group companies/ hospital or diagnostic centers/ other insurance companies or third parties for underwriting assessment, claim investigation/ settlement, KYC authentication (if permitted), off-line verification, policy servicing purpose and such like purposes.

I/we hereby authorize company to send me any information relating to my policy/policies through SMS on the phone number provided by me or through any other mode.

In case of Aadhaar submitted voluntary as KYC, the record retention and usage will be as per applicable regulations and KYC authentication/off-line verification shall be for purpose of issuance of insurance policy / servicing.

Date  /  /

Place

Signature of Policyholder

Policy No : \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Reason for Free look Cancellation (Please tick from below appropriate reason) :

Product/policy does not meet my expectation

Not satisfied with policy terms and conditions

Financial reasons

Personal reason

No requirement

Other, Please specify \_\_\_\_\_

## CUSTOMER ACKNOWLEDGEMENT SLIP (To be filled by Bank branch/HUB official)

Policy Number

Request Time

Type of Request \_\_\_\_\_

Request Date

Documents Submitted:  Original Policy Document  Bank account details supporting proof  Indemnity bond (if Original policy document not available)

Received by \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

STAMP & TIME

