

# Freelook Cancellation Form

Policy Number:

Name:

Contact Number\*:  PAN Number:

Email ID:

## Reasons for Cancellation

Financial Reason       Personal Reason       Other

Please detail out reason for cancellation (If Other). \_\_\_\_\_

## Desired Mode of payment

Cheque (NRI only)       NEFT

## Bank Details of the Policyholder

Account Holder Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Bank Account No.:

IFSC Code:

**Note - Kindly attach a cancelled cheque bearing account number and policy holder name or copy of Bank Passbook.**

\*Contact details provided herein will be updated for all future communications. For customers registered under, National Do not call Registry, this will be considered as consent to communicate with him/her on the contact details provided herein.

### Declaration:

- I am the Policyholder of an insurance policy number as mentioned above and have requested Max Life Insurance Co. Ltd ("Company") to process the cancellation of the policy under the freelook option, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any, in accordance with the policy contract.
- I am aware that the cancellation of the Policy results in termination of the insurance contract and all rights/ titles and interest under the Policy shall stand terminated.
- I am aware that the payment of the premium refund amount by Max Life in accordance with the terms hereof shall constitute a full and final discharge of the obligations of Max Life under the policy and I shall not claim/demand anything thereafter.
- I further declare that the details provided in this Form are correct and accurate to best of my knowledge and records and I will hold the Company harmless and indemnified against any and/or all losses, claims, liabilities, legal proceedings (including attorney fees), expenses or damages suffered by or taken against the Company arising on account of any error or misrepresentation in the information furnished in this Form by me or any wrongful refund obtained by me.

Place: \_\_\_\_\_

Date:

Signature of the Policyholder \_\_\_\_\_

### DISCLAIMER:

- The Company shall not be held responsible in case the premium refund is not credited to your bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided by you in this Form.
- Credit will be effected based solely on the policyholder account number information provided by the policyholder and the policyholder name particulars will not be used thereof. The Company may also pay you via any mode like demand draft/cheque etc.
- The relevant NAV and processing of the Policy will be applicable post receipt of all the requirements/documents received by the Company.

## CUSTOMER ACKNOWLEDGEMENT SLIP

Policy Number

Type of request \_\_\_\_\_

Received by \_\_\_\_\_ Date & Time of receipt \_\_\_\_\_

Employee Code \_\_\_\_\_ Signature \_\_\_\_\_

GO Stamp



Vernacular Declaration (To be filled if Customer has signed in language other than English / Affixed Thumb Impression) "I hereby declare that I have explained the contents of Freelook cancellation form/request letter to the Policyholder Mr./Mrs./Ms in Language and that the policy holder has affixed the thumb.

Impression/signed in language other than English in my presence after fully understanding the contents thereof. I further declare that I am not related with the Company in any manner, whatsoever"

(Name and Signature of the Declarant)

Date

**For Office Use Only (All fields are mandatory to be filled)**

Retention by CSE: \_\_\_\_\_

Name of Receiver:  Employee Code:

Phone Number:  GO Code:

Request received Date:  Time:

Signature verified:

Policy Pack Received:

V2.1/FLF/Ideas/Jun'18

**Important: DO NOT believe calls, SMS, emails offering discounts. Please pay only to HSBC Bank A/c no. <1165 your policy no.> IFS Code - HSBC0110002**

Website  
[www.maxlifeinsurance.com](http://www.maxlifeinsurance.com)

Email  
[service.helpdesk@maxlifeinsurance.com](mailto:service.helpdesk@maxlifeinsurance.com)

Helpline  
1860-120-5577  
Local Charges Apply

Facebook  
[Facebook.com/maxlife](https://www.facebook.com/maxlife)

Max Life Insurance Co. Ltd. Plot No. 90A, Sector 18, Gurugram, 122015, Haryana.

"Regd. office: Plot No. 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144 533"

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