

Detachment of Supplementary Cover(s)

You can also reduce coverage under your policy by removing one or more supplementary covers. Please fill out the form below for removal of supplementary cover(s) from your policy:

Policy No:

Policyholder's Name:

Date of Birth:

NIC No:

Address:

Email Address:

Tel: (Res):

(Off):

(Cell):

Supplementary Cover(s) to be detached:

Submit

Your request for detachment of above supplementary cover(s) is noted and after examining the possibility of desired change, our Policyholders Service Department will contact you soon for further requirements.