

5. TREATMENT DETAILS

A. Name of Casualty Doctor

Address

Phone Registration No.

B. Name of Family Doctor

Address

Phone Registration No.

C. Name of Hospital

Address

Phone

6. CONTACT DETAILS

Address where available

Phone

(Please be available at this place where our representative may call on you)

7. CONFINEMENT

A. Total Confinement From _____ To _____
(This should be the actual days when fully confined to bed on Medical Advice)

B. Partial Confinement From _____ To _____
(This should be the days when partially confined to bed)

8. AMOUNT OF CLAIM

A. Total Temporary Disablement Amount (Rs) _____

B. Permanent Disablement Amount (Rs) _____

C. Medical Expenses Amount (Rs) _____

D. Death Amount (Rs) _____

9. PAST HISTORY

A. Have you made any claims in the PAST ? YES NO

B. If YES, please give details including accident and Insurance details _____

10. Are you insured under any other policy ? YES NO

If YES, please give full details _____

11. Have the Police Authorities been informed of this accident? YES NO

If YES, Case No. _____ Police Station _____

I hereby declare that I have suffered injuries as described above and all the details given are **ABSOLUTELY TRUE AND CORRECT**. I hereby agree to forfeit all my rights to compensation if any of the foregoing facts and / or details are found to be false or incorrect. I further authorise the hospital, doctor diagnostic laboratory, organisation, establishment or any other body or person dealt with in the course of this claim to give any information or document sought for by the Insurance Company.

Date: _____

Place: _____

Signature of the Insured

Tata AIG General Insurance Company Limited

Registered office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

For more information; Email us at customersupport@tataaig.com or visit www.tataaig.com
Contact us on our 24 hour Toll Free Helpline at 1800 266 7780 or 1800 22 9966 (only for senior citizen policy holders)

CIN:U85110MH2000PLC128425

Insurance is the subject matter of the solicitation