



Claim Intimation Form



Tata AIG Card Number:

Policy Number:

Section I - Details of Insured

Name of Policyholder
(In whose name policy is issued) First Name Middle Name Surname

Name of person admitted
First Name Middle Name Surname

Address

City

State PIN

Phone (O) (R)

Fax Mobile

E-mail

Date of Birth Gender Male Female

Marital Status Married Single

Date of Loss _____ Treatment _____

Event _____ Admission _____

Unique ID of Provider, if any

Provider Name
First Name Middle Name Surname

Provider Address in case of non network

City

State PIN

Phone (O) (R)

Fax Mobile

E-mail

Date of Birth Gender Male Female

Marital Status Married Single

Provisional Diagnosis:- _____

Treatment planned:- _____

Estimated Expenses:- Rs. _____

Estimated length of stay if it is an inpatient treatment : _____ Days

Contact details, if changed : _____

Intimating persons _____

Admitting Doctor Details :

Name & Qualification

Address

City

State PIN

Phone (R) Mobile

Date:

Place:

Signature of person suffering injury or legally authorized representative

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (only for senior citizen policy holders) Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

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