

# Hospital Cash/Medical Expenses

# Claim Form



WITH YOU ALWAYS

Tata AIG General Insurance Company Limited: A-501, 5th Floor, Building No.4, Infinity Park, Gen. A.K. Vaidya Marg, Dindoshi, Malad (East), Mumbai 400 097

**IMPORTANT:**

1. Issuance of this form is not an admission of Liability or a waiver of the terms, conditions and exceptions of the insurance contract.
2. If the space provided is insufficient, please attach additional sheets.

Claim No.

Policy No.

**1. PERSONAL DETAILS**

Details of Insured Name

First Name Middle Name Surname

Address

City

State  PIN

Phone (O)  (R)

Fax  Mobile

E-mail

Date of Birth         Designation

**2. DETAILS OF ACCIDENT**

Time and Date

D D M M Y Y Y Y

Place and Location (full address)

City

State  PIN

Phone (O)  (R)

Fax  Mobile

E-mail

**3. DETAILS OF INJURY**

Please describe details of injury sustained \_\_\_\_\_

Specify the injured parts of body \_\_\_\_\_

**4. TREATMENT DETAILS**

Name of the Attending Doctor

Phone (O)  (R)

Fax  Mobile

E-mail

Date (s) of consultation

D D M M Y Y Y Y

Name of the Hospital(s) (If hospitalized)

Address

City

State  PIN

Phone (O)  (R)

Fax  Mobile

E-mail

Period of hospitalization : From   To

Diagnosis / Surgery

**5. AMOUNT OF EXPENSES**

a) Medical Expenses

SI No	Date	Details	Amount
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		
	D D M M Y Y Y Y		

Please attach a separate sheet if the space is insufficient.

b) In hospital cash (If covered)

From	To	Amount

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

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

**ATTENDING PHYSICIAN'S STATEMENT**

**PLEASE ANSWER ALL QUESTIONS**

1 Name of Injured Person:

Age of Injured Person:

2 Address:

**3 Nature of the Accident and Details of Injuries Sustained:**

\_\_\_\_\_  
\_\_\_\_\_

4. Does the Cause of Accident as stated by the Claimant tally with the Injuries noticed by you?

\_\_\_\_\_  
\_\_\_\_\_

5. Are the injuries solely due to the accident or traceable to any previous injuries / disease / infirmities?

\_\_\_\_\_  
\_\_\_\_\_

6. Was the injured person suffering from any disease or injury which may have contributed to the accident or likely to aggravate his condition.

\_\_\_\_\_

7. Was the Claimant hospitalized? If so for what period? \_\_\_\_\_

8. What treatment was given and Operations performed? \_\_\_\_\_

9. Give all dates of treatment : Home: From \_\_\_\_\_ To \_\_\_\_\_

Clinic/Hospital: From \_\_\_\_\_ To \_\_\_\_\_

10. Was he under the influence of intoxicants or drugs at the time of accident ? \_\_\_\_\_

11. Are you his usual medical Attendant ?

If you have treated him for any previous illness or injury, Please give details.

\_\_\_\_\_

12. Have other Doctors been in Attendance or Consultation? If yes, Please give details.

\_\_\_\_\_

13. Has this accident been reported to the Police Authorities? If yes, Case No: \_\_\_\_\_ Police Station \_\_\_\_\_

14. Is this claimant Totally Disabled from each and every occupation? \_\_\_\_\_

15. (a) How long was or will the claimant be totally disabled from current occupation? From \_\_\_\_\_ To \_\_\_\_\_

(b) Estimated date of return to Work. \_\_\_\_\_

16. What is the Prognosis? \_\_\_\_\_

Doctor's Signature & Stamp \_\_\_\_\_ Date: \_\_\_\_\_ Regn No: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

**Tata AIG General Insurance Company Limited**

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

For more information visit us at; Email us at [customersupport@tata-aig.com](mailto:customersupport@tata-aig.com) or visit [www.tataaiginsurance.in](http://www.tataaiginsurance.in)  
Contact us on our 24 hour Toll Free Helpline at 1800 266 7780 or 1800 22 9966 (only for senior citizen policy holders)  
Insurance is the subject matter of the solicitation