



# 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

**Tata AIG General Insurance Company Limited**

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

IRDA Registration Number: 108 • CIN: U85110MH2000PLC128425

For more information; Email us at [customersupport@tataaig.com](mailto:customersupport@tataaig.com) or visit [www.tataaig.com](http://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)

Insurance is the subject matter of the solicitation