

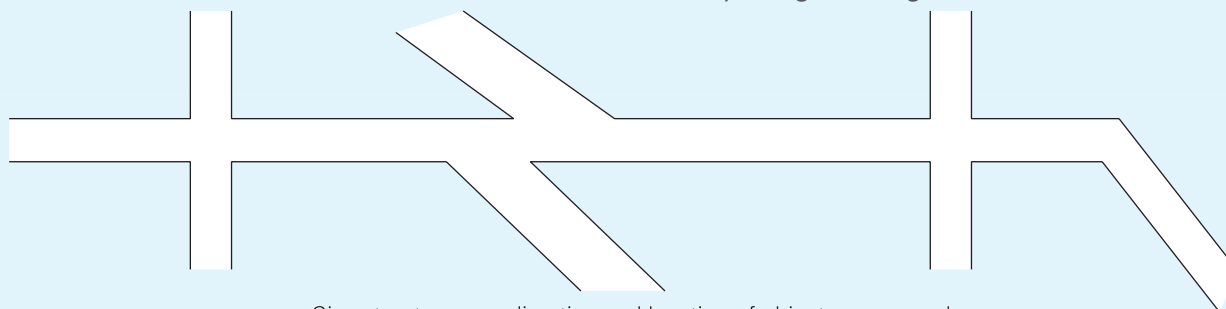
Details of Death/Injury/Property damage to Third parties/Occupants/Driver

Sr No.	Name of Third Party/ Occupant/Driver	Address (Village/Town)	Contact No.	Type of Injury/ Damage	Name of the Hospital where admitted	Doctor Attending	Any Legal/Court Notice Recd.

N.B. Please attach additional sheet with full particulars, if needed.

Important-illustration

Show how the accident occurred by using this diagram



Give street names, direction and location of objects concerned

EFT Mandate for Claim Payment

I / We hereby authorize Tata AIG General Insurance Co Ltd to pay the tenable claims under our insurance policies issued by Tata AIG General Insurance Co Ltd as per terms and conditions of the policies, directly to my / our below mentioned Bank Account in India

1 Payee Name / Insured Name	<input style="width: 100%;" type="text"/>
2 Permanent Account Number (PAN)	<input style="width: 100%;" type="text"/>
3 Particulars of Bank Account	
Name of Bank	<input style="width: 100%;" type="text"/>
Name of Branch	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
City Name	<input style="width: 60%;" type="text"/> PIN No. <input style="width: 20%;" type="text"/>
IFSC Code	<input style="width: 100%;" type="text"/>
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Current
Account Number	<input style="width: 100%;" type="text"/>
4 Payee's email ID	<input style="width: 100%;" type="text"/>

Please attach a cancelled cheque pertaining to the Account furnished above.

Declaration: We hereby declare that the particulars given above are correct and complete.

Declaration

I/We agree to provide additional information to the Company, if required. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

I understand that the Company reserves the right of verification (*) of facts and documents relating to the policy and claim.

Place:

Date: Signature of the Insured: _____

Tata AIG General Insurance Company Limited.

A-501, 5th Floor, Building No. 4, Infinity Park, Dindoshi, Malad (East), Mumbai 400 097.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

Tata AIG General Insurance Company Ltd. Regd Office : 15th floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013.