

Domestic Travel Insurance

Claim Form



WITH YOU ALWAYS

IMPORTANT:

Please contact our 24-hour helpline (our Assistance Center) on 1800-266-7780 or 022-6693 9500

Failure to call our Assistance Company on 24-hour helpline, in respect of Medical Accident & Sickness Claims shall invalidate your claim, if any.

1. This is a One Call Claim Form, except for Accidental Death & Dismemberment (ADD). For ADD, we shall provide a separate Claim Form upon notification.
2. Issuance of the form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
3. No claim under Accident Section will be admitted without Doctor's Report as per format (Attending Doctor's Report - Page 3)
4. Please answer all questions completely. In case of insufficient space, please attach an additional sheet.
5. Please attach all Original bills & receipts pertaining to your claim.

Certificate/Policy No. Period: From: to:

DETAILS OF PATIENT / INSURED PERSON

Name

Permanent Address

City

State PIN

Phone (O) (R)

Fax Mobile

E-mail

Date of Birth: Sex: M ☐ F ☐

Assistance Company Ref No.: Passport No.:

Date of Departure: Flight No. From to

Date of Arrival: Flight No. From to

Please indicate whether claim is in respect of:

Accident & Sickness ☐

Travel Delay ☐

Baggage Loss ☐

Baggage Delay ☐

Trip Cancellation / Trip Interruption ☐

Correspondence address to submit claim documents: A&H Claims Department, Tata AIG General Insurance Co. Ltd.
7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Please complete the Section relevant to your claim.

LOSS/DELAY OF CHECKED BAGGAGE

Describe when & where the loss took place :

State the extent of Loss: Name the common carrier:

1. Flight No. From to 2. Flight No. From to

Has the common carrier been notified at the time of loss? Yes ☐ No ☐ Airline Reference No.

Details of compensation received from carrier:

Scheduled date/time of Arrival: ; : hrs.

Actual date/time when bags delivered: ; : hrs.

No. of Hours delayed:

Item Purchased/Lost *	Date of Purchase	Place	Cost
		TOTAL	
Less Compensation received from Airline:			
Net Amount			

* In case of Delay, please provide details of purchases made

* In case of Loss, please provide details of items lost.

DETAILS OF ACCIDENTAL MEDICAL EXPENSES

Details of treatment	In/Out Patient		Charges	Status of Payment
	From	To		Paid/Outstanding
			Paid	
Outstanding				
TOTAL				

Whether Assistance Co. was contacted: Yes ☐ No. ☐ If Yes, Reference No. _____

AUTHORIZATION

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records, a photostat copy of this authorization shall be considered as effective and valid as the original.

Date:

D

D

M

M

Y

Y

Y

Y

Place: _____

Signature of insured : _____

ATTENDING DOCTOR'S REPORT

Patient Name																									
Age	<input type="text"/>	<input type="text"/>																			Marital status:	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
Address																									
City																									
State											PIN														
Phone (O)											(R)														
Fax											Mobile														
Date of contacted:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time:	<input type="text"/>	<input type="text"/>	A.M.	<input type="text"/>	<input type="text"/>	P.M.								

FOR ACCIDENTAL INJURY

Nature of Injury : _____

X-Ray taken: Yes ☐ No ☐

Date taken:

D	D	M	M	Y	Y	Y	Y
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Diagnosis and Treatment given: _____

Describe any other disease or infirmity affecting present condition: _____

Signature: _____
Attending Doctor's Signature

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions, please read policy document 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 - 400 013.
24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) | Email: customersupport@tataaig.com Website: www.tataaig.com
IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425 | UIN: TATTIDP23090V032223