

DETAILS OF ACCIDENTAL MEDICAL EXPENSES

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

Place: _____

Signature of insured : _____

ATTENDING DOCTOR'S REPORT

Patient Name

Age

Marital status: Married Single

Address

City

State

PIN

Phone (O)

(R)

Fax

Mobile

Date of contacted:

Time: A.M. P.M.

FOR ACCIDENTAL INJURY

Nature of Injury : _____

X-Ray taken: Yes No

Date taken:

Diagnosis and Treatment given: _____

Describe any other disease or infirmity affecting present condition: _____

Signature: _____
Attending Doctor's Signature

Disclaimer: Insurance is the subject matter of solicitation

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.
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Website: www.tataaig.com | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425 | UIN: TATTIDP21192V022021