



**5. TREATMENT DETAILS**

A. Name of Casualty Doctor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Registration No. \_\_\_\_\_

B. Name of Family Doctor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Registration No. \_\_\_\_\_

C. Name of Hospital \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

**6. CONTACT DETAILS**

Address where available \_\_\_\_\_  
 Phone \_\_\_\_\_

(Please be available at this place where our representative may call on you)

**7. CONFINEMENT**

A. Total Confinement From \_\_\_\_\_ To \_\_\_\_\_  
 (This should be the actual days when fully confined to bed on Medical Advice)

B. Partial Confinement From \_\_\_\_\_ To \_\_\_\_\_  
 (This should be the days when partially confined to bed )

**8. AMOUNT OF CLAIM**

A. Total Temporary Disablement Amount (Rs) \_\_\_\_\_  
 B. Permanent Disablement Amount (Rs) \_\_\_\_\_  
 C. Medical Expenses Amount (Rs) \_\_\_\_\_  
 D. Death Amount (Rs) \_\_\_\_\_

**9. PAST HISTORY**

A. Have you made any claims in the PAST ?  YES  NO

B. If YES, please give details including accident and Insurance details \_\_\_\_\_

10. Are you insured under any other policy ?  YES  NO  
 If YES, please give full details \_\_\_\_\_

11. Have the Police Authorities been informed of this accident?  YES  NO  
 If YES, Case No. \_\_\_\_\_ Police Station \_\_\_\_\_

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:

2. Age

3. Address

Phone

4. Nature of the Accident and Details of Injuries Sustained \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

10. Give all dates of treatment : Clinic/Hospital: From \_\_\_\_\_ To \_\_\_\_\_  
Home : From \_\_\_\_\_ To \_\_\_\_\_

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

12. Are you his usual medical Attendant? \_\_\_\_\_  
\_\_\_\_\_

If you have treated him for any previous illness or injury, please give details. \_\_\_\_\_  
\_\_\_\_\_

13. Have other Doctors been in Attendance or Consultation? \_\_\_\_\_

If yes, Please give details \_\_\_\_\_

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

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

16. (a) How long was or will the claimant be totally disabled from current occupation?

From \_\_\_\_\_ To \_\_\_\_\_

(b) How long was or will the claimant be partially disabled from current occupation?

From \_\_\_\_\_ To \_\_\_\_\_

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

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

\_\_\_\_\_  
Doctor's Signature

Date: \_\_\_\_\_ Regn No: \_\_\_\_\_

Doctors Name

Address and Phone No.

Phone

**Tata AIG General Insurance Company Limited**

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

For more information; 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