

# TATA-AIG GENERAL INSURANCE COMPANY LTD

Address: A-501,5Th Floor, Bldg No -4, Infinity Park, Dindoshi,  
Malad (East), Mumbai – 400 097



## Personal Accident Insurance Claim form For RuPay Cardholder's

### IMPORTANT

- 1.Issuance of this form is not an admission of Liability or a waiver of the terms, conditions and exceptions of the insurance contract .
- 2 .No claim will be admitted without a Medical Report as per format to be obtained at claimant's expense.
- 3.Claim form for Accidental Death/Dismemberment of RuPay Platinum / Select Cardholder's (To be submitted at the Branch)

Policy No. 0237401517

Claim No. \_\_\_\_\_

### 1 PERSONAL DETAILS

Name of RuPay Cardholder \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
PIN \_\_\_\_\_  
Occupation \_\_\_\_\_  
Age \_\_\_\_\_

#### Type of RuPay Card held (please tick):

RuPay Platinum Card (Physical)   
RuPay Platinum Card (Virtual)   
RuPay Select Card (Credit)   
RuPay Select Card (Debit)

|                         |       |
|-------------------------|-------|
| <b>Bank Account No:</b> | _____ |
| <b>RuPay Card No :</b>  | _____ |

Date of Last Transaction: \_\_\_\_\_

Nature of Transaction : \_\_\_\_\_

**Any other RuPay Card held by the same person.: YES / NO**

(If Yes please give details) : \_\_\_\_\_

### 2 CLAIMANT (NOMINEE) DETAILS (Mandatory for Death claims)

Name of the Nominee (Claimant) \_\_\_\_\_

(As per Bank Records)

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
PIN \_\_\_\_\_

Relationship with deceased customer \_\_\_\_\_

Mobile Number & Email id \_\_\_\_\_

### 3 BRANCH DETAILS (FOR CUSTOMER)

**Bank Name** \_\_\_\_\_  
Name of Branch \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
PIN \_\_\_\_\_

IFSC code of Branch \_\_\_\_\_  
Name of Branch Contact \_\_\_\_\_  
Mobile Number \_\_\_\_\_  
Email id \_\_\_\_\_



**4 DETAILS OF ACCIDENT**

Nature of claim                      DEATH / DISABLEMENT / DISMEMBERMENT

Date of Incident \_\_\_\_\_  
Date of Death(if applicable) \_\_\_\_\_  
Place and Location (Full Address) \_\_\_\_\_  
Cause Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5 DETAILS OF INJURIES**

Specify Injured / dismembered Parts of Body -----  
-----  
Total Disablement ( if any) -----  
Percentage                      -----(%)                      -----(In Words)

**6 WITNESSES**

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Contact No. \_\_\_\_\_

**7 TREATMENT DETAILS**

A Casualty Doctor  
Name -----  
Address -----  
Phone -----  
Registration No -----

B Hospital(s) if Hospitalized  
Name -----  
Address -----  
Phone No -----

**8 AMOUNT OF CLAIM**

A Permanent Disablement                      Amount(Rs)-----  
B Death    Amount(Rs)-----

**9 PAST HISTORY**

A Have you made any claims in the PAST with TATA AIG or other insurance company ?  
YES/NO

B If YES, please give details including accident and Insurance details

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 authorize the hospital, doctor diagnostic laboratory, organization, 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.

**Signature of the Insured/Claimant**

**Signature of Incumbent with branch Seal**

**Date:**  
**Place:**

