

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. 0238443404 / 0238443469

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

RuPay Select Card

Bank Account No: _____

RuPay Card No : _____

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. _____ 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:

