





**DETAILS OF ACCIDENTAL MEDICAL EXPENSES**

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

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

**Tata AIG General Insurance Company Limited**

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

For more information visit us at; 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