

TATA-AIG GENERAL INSURANCE COMPANY LTD

Address: 8th Floor, R Tech Park, Village Pahadi Taluka
Goregaon (E) Mumbai – 400063 Maharashtra



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. for Platinum Card 0239318916

Policy No. for Select Card 0239321718

Policy No. for Platinum Enhance 0239446077

Policy No. for Select Enhance 0239494033

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 (POS/ECOM): _____

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

WITNESSES

- 1) Name _____
- 2) Name _____

6 DETAILS OF INJURIES

Specify Injured / dismembered Parts of Body -----

Total Disablement (if any) -----
Percentage -----(%) -----(In Words)

7 WITNESSES

1) Name _____ 2) Name _____
Address _____ Address _____
Contact No. _____ Contact No. _____

8 TREATMENT DETAILS

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

B Hospital(s) if Hospitalized
Name

Address

Phone No

9 AMOUNT OF CLAIM

A Permanent Disablement

Amount (Rs)-----

B Death

Amount (Rs)-----

10 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: