

Overseas Travel Insurance

Claim Form



IMPORTANT:

Please contact our 24-hour helpline (our Assistance Center) on For the Americas Policies: + 866-866-2619/+ 1-817-826-7017 Email: tata.aig@aig.com. For rest of the world policies excluding the Americas: Ph : + 603 - 8991 - 2012 Email: TGAP.TATAclaims@travelguard.com

- Failure to call our Assistance Company on 24-hour helpline, in respect of Medical Accident & Sickness Claims shall invalidate your claim, if any. 1. This is a One Call Claim Form, except for Accidental Death & Dismemberment (ADD). For ADD, we shall provide a separate Claim Form upon notification. 2. Issuance of the form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract. 3. No claim under Accident & Sickness Section will be admitted without Doctor's Report as per format (Attending Doctor's Report - Page 3) 4. Please answer all questions completely. In case of insufficient space, please attach an additional sheet. 5. Please attach all Original bills & receipts pertaining to your claim.

Insurance Cert. No./Card No. [] Period: From: D D M M Y Y Y Y to: D D M M Y Y Y Y

DETAILS OF PATIENT/INSURED PERSON

Name of the Insured [] Name of the Employee [] Employee No. [] Name of the Claimant [] Phone Nos. [] Permanent Address (INDIA) [] City [] State [] PIN [] Phone (O) [] (R) [] Fax [] Mobile [] Bank Account Details: Account Name: [] Account No.: [] IFSC Code [] Name of the Bank & Address [] City [] State [] PIN [] E-mail [] Date of Birth: D D M M Y Y Y Y Marital status: Married [] Single [] Assistance Company Ref No.: [] Passport No.: [] Date of Departure: D D M M Y Y Y Y Flight No. [] From [] to [] Date of Arrival: D D M M Y Y Y Y Flight No. [] From [] to []

MEDICAL ACCIDENT & SICKNESS BENEFIT/RMR/SICKNESS DENTAL RELIEF/EMERGENCY MEDICAL EVACUATION

If accident, details of accident i.e. how, when, where it took place: [] Date: D D M M Y Y Y Y Place: [] If sickness, state nature and diagnosis, and advise when & where symptoms first occurred: [] Date: D D M M Y Y Y Y Place: []

