



**Section III (To be completed by the Attending Physician)**

1. Patient's Name

2. Age

3. Detailed Diagnosis \_\_\_\_\_  
\_\_\_\_\_

4. Type of Symptoms \_\_\_\_\_

5. First Date of Symptom

6. Any other disease / medical condition affecting present condition \_\_\_\_\_  
\_\_\_\_\_

7. Hospitalisation Details  
Name & Address of the Hospital  
City   
State  PIN   
Phone   
Date of Admission :  Date of Discharge :

8. Nature of Treatment / Surgical Procedure undergone: \_\_\_\_\_  
\_\_\_\_\_

9. Is illness due to any pre-existing conditions :  Yes  No

Attending Doctor's Name

Date:  Signature: \_\_\_\_\_

**Section IV (Authorisation for Release of Medical Information : To be signed by the Insured)**

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 : \_\_\_\_\_

**Payment Mode:** Mode selected would be used by the company to make payout(s) to the Proposer. Payout would be in accordance and subject to the terms and conditions of the policy

1)	Name of the Account Holder	
2)	Payment Mode	ECS <input type="checkbox"/> ECS <input type="checkbox"/>
3)	Bank Name	
4)	MIRC Code* (Mandatory for ECS)	IFSC Code is Mandatory for NEFT
5)	Account Type (Tick One)	Saving Account/Current Account
6)	Full Account Number	
7)	Branch Name and Address	

**Disclaimer:** I hereby declare that the particulars given are correct and complete. In case of non credit to my bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete / incorrect information, I would not hold Tata AIG General Insurance Co Ltd responsible. Further, the Company reserves the right to use any alternative payout option including Demand draft/payable at par cheque in spite of opting Direct Credit Option.

\* 9 digit MICR code of the bank and branch appearing on the cheque issued by the bank

**Please submit a blank cancelled cheque along with the form.**

Policy Holder / Proposer / Insured Person Signature	Date <input type="text"/>	Location
Policy Holder / Proposer / Insured Person Signature	Date <input type="text"/>	Location