



# TATA-AIG GENERAL INSURANCE COMPANY LTD

A-501, 5th Floor, Bldg No -4,  
Infinity Park, Dindoshi,  
Malad East - Mumbai - 400 097

## GROUP PERSONAL ACCIDENT CLAIM FORM

### 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. We may call for additional information/ documents as relevant.

Policy No. -----

Claim No. -----

### 1. COMPANY DETAILS:

Name of the Organization \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Pin \_\_\_\_\_

Contact Persons Name \_\_\_\_\_ Phone No \_\_\_\_\_  
Fax No. \_\_\_\_\_ E-Mail Id \_\_\_\_\_

### 2. INSURED PERSONS DETAILS

NAME Doodla Jabali Krishna Sai  
Address D-No-5-162, Maashinavari Street, Gmeda Padu, Samalkot  
mandal, Kakinada district STATE Andhra Pradesh PIN 533434  
Phone No. 934744027 Fax No. \_\_\_\_\_ E-Mail id. KrishnaSaiJabali@gmail.com  
Age 23 SEX male

### 3. DETAILS OF ACCIDENT

Time and Date 09-06-2024 around 5 AM  
Place and Location (Full Address)- Yashoda hospital opposite to Indian oil Petrol bunk, madhapur  
Please describe in detail how the incident took place Car hit the divider in over speed  
Please describe details of injury sustained lost two teeth and gums feared and swelling  
Specify the injured parts of body lost two teeth and mobility of remaining teeth.

### 4. WITNESSES

1) Name S. Prasad (6304326766) 2) Name M. Abul Ram Chowdary (6305343852)  
Address 1-95, Thegada Address H.NO-2-156, Ballipadu  
Kasimkota mandal, Tallapadu mandal, west  
Anakapalle, A.P. Podavuri Ase, A.P, 534340

### 5. TREATMENT DETAILS

> Treating Doctor  
Name DR. D. MAHESH KUMAR  
Address DAIK DENTAL, 181, OLD VAPAVI NAGAR, KARKHANA, SECONDERABAD  
Phone 9848686793  
Registration No. A9986

> Family Doctor  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Registration No. \_\_\_\_\_

➤ Hospital(s) if hospitalised

Name

Address

Phone No



**6. AMOUNT OF CLAIM** (Subject to Policy coverage)

A Total Temporary Disablement Amount (Rs.) \_\_\_\_\_ (Rs. \_\_\_\_\_ per week for \_\_\_\_\_ weeks \_\_\_\_\_ days)

B Medical Expenses Amount (Rs.) \_\_\_\_\_

C Accident Death Amount (Rs.) \_\_\_\_\_

D Permanent/Partial Disability Amount (Rs.) \_\_\_\_\_

**7. PAST HISTORY**

A Have you made any claims in the PAST?

YES/NO

B If YES, please give the following details:

Sr. No	Name of Insurance Co.	Policy No.	Accident Details	Amount
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1.

2.

1. Have the Police Authorities been informed of this accident? YES/ NO If Yes, FIR/ Case Diary No. 643/2024

**Employment details:**

Designation/ Grade/ Occupation: Engineer Associate Software Nature of Duty \_\_\_\_\_ Date of joining 06-06-2024

**8. LEAVE PARTICULARS**

The Employee was on leave from 10-06-2024 to 17-06-2024

No. of days 6 days

**9. SALARY DETAILS**

Month & Year

Basic Pay

Dearness Allowance

Other Allowance

Gross Salary

June 2024

7463 Per month

6738 Per month

725 Per month.

14927 Per month

**10. Please put a [✓] mark against the documents being sent:**

Attending Doctor's Report [ ], Disability from the Doctor [ ], Fitness Certificate from the Doctor [ ], X-ray Films [ ], X-ray reports [ ],

Original Admission/discharge card [ ], Original Medical Bills / receipts [ ], Employers Leave Certificate [ ], Latest Salary Certificate [ ].

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, further authorise the hospital, doctor diagnostic laboratory, organisation, 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.

D.J. Krishna Sai  
Signature of Insured Person/ Claimant

Signature of Authorized Person  
Company Seal

Date:

Place:





### ATTENDING PHYSICIAN'S STATEMENT

PLEASE ANSWER ALL QUESTIONS

- 1 Name of Injured Person: \_\_\_\_\_  
Age \_\_\_\_\_  
2 Address \_\_\_\_\_
- 3 Nature of the Accident and Details of Injuries Sustained (Specify the part of the body) CAR ACCIDENT. Upper Lip Laceration; Avulsion of tooth 31. Ellis & Davey Class III Fracture 22, Class II Fracture of 12, 13, 32.
- 4 Does the Cause of Accident as stated by the Claimant tally with the Injuries noticed by you? YES, it Tallies.
- 5 Are the injuries solely due to the accident or traceable to any previous injuries/ disease/ infirmities? Solely because of the accident
- 6 Was the injured person suffering from any disease or injury which may have contributed to the accident or likely to aggravate his condition. NO
- 7 Was the Claimant hospitalized? If so for what period? NO
- 8 What treatment was given and Operations performed? RCT done 11, 12, 13, 32. Crown 11, Implant 31
- 9 Give dates of treatment: Home: From \_\_\_\_\_ To \_\_\_\_\_  
Clinic/Hospital: From 17/6/2024 To 29/6/2024
- 10 Was he under the influence of intoxicants or drugs at the time of accident? NO  
(If yes, what action taken?)
- 11 Are you his usual medical Attendant? YES / NO NO  
If you have treated him for any previous illness or injury, Please give details: \_\_\_\_\_
- 12 Have other Doctors been in Attendance or Consultation? If yes, Please give details. YES, Dentist at DH, KONDAPUR.
- 13 Has this accident been reported to the Police Authorities? If yes, Case No: 643/2024 Police Station MADHAPUR
- 14 Is this claimant Totally Disabled from each and every occupation? NO
- 15(a) How long was or will the claimant be totally disabled from current occupation? From \_\_\_\_\_ To \_\_\_\_\_  
(b) Estimated date of return to Work. \_\_\_\_\_
- 16 What is the Prognosis? Good

This information is true to the best of my knowledge.

Dr. D. Mahesh Kumar  
Doctor's Signature  
B.D.S., M.D.S., M.B.A.  
A9986

Date: 29/07/2024 Regn No: A9986

Doctors Name: DR. D. MAHESH KUMAR  
Address and Phone No. DMK DENTAL  
161, Old VASAVI NAGAR  
KAR KHANA, SECUNDERABAD  
T.S.  
9848486793 ; 040-27844872