

Where to submit the claim

Health Claims Hub
TATA AIG General Insurance Co. Ltd.
Door No. 615, 616, 5th and 6th Floor
Imperial Towers, Ameerpet
Next to Ameerpet Metro Station
Hyderabad - 500016
Telangana.



How to track the claim

STEP 1



Open
www.tataaig.com
and click on Self Service

STEP 2



Login & choose
search claims

STEP 3



Track claim status with the
help of Policy Number/
Member ID/ Claim Number

Please submit complete documents as per the check list for speedy claim settlement.

CHECK-LIST

| S.No. | Document | Yes | No | Type of document |
|-------|---|-----|----|---------------------|
| 1. | <u>Copy of cancelled cheque for the proposer (Main Policy holder) - Account holder's name, account number and IFSC code should be printed on the submitted copy</u> | | | Original/Photo Copy |
| 2. | If the claimed amount is more than 1 Lakh; CKYC Form along with Photograph + PAN Card Copy of the Proposer + Address Proof | | | Original/Photo Copy |
| 3. | Claim form - Please fill all the mandatory fields with appropriate information | | | Original/Photo Copy |
| 4. | TATA AIG Health Card or Policy Copy | | | Original/Photo Copy |
| 5. | ID, Address & Age Proof of the Patient | | | Original/Photo Copy |
| 6. | Discharge/ Daycare Summary from the hospital indicating the presenting complaints, diagnosis, treatment given and past medical history | | | Original/Photo Copy |
| 7. | Consolidated Final Bill along with breakup of the individual items | | | Original Mandatory |
| 8. | Proof of payment paid at hospital - cash receipt | | | Original Mandatory |
| 9. | In case of Implants being used - Please share relevant Invoice & Sticker | | | Original Mandatory |
| 10. | Pharmacy & Lab Bills | | | Original Mandatory |
| 11. | Diagnostic/ Lab Reports for submitted bills | | | Original/Photo Copy |
| 12. | Doctor Prescriptions for submitted pharmacy bills | | | Original/Photo Copy |
| 13. | Medical records and consultation papers prior to hospitalization | | | Original/Photo Copy |
| 14. | Any previously approved settlement letter from other insurance (if any) | | | Original/Photo Copy |
| 15. | In case of accidental injuries, please submit Medico-Legal Certificate (MLC) /First Information Report (FIR) | | | Original/Photo Copy |
| 16. | In case of death of the proposer, details of nominee (as per policy schedule), along with address & ID proof of nominee | | | Original/Photo Copy |
| 17. | Hospital Registration Certificate | | | Original/Photo Copy |

Note: All financial documents (bills & receipts) should be submitted in original.

TYPE OF CLAIM (Please submit a different form for each type of claim)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> In-Patient Treatment | <input type="checkbox"/> Day Care Procedures | <input type="checkbox"/> Health Checkup | <input type="checkbox"/> High End Diagnostics |
| <input type="checkbox"/> OPD Treatment - Dental | <input type="checkbox"/> Maternity Cover | <input type="checkbox"/> Restore benefits | <input type="checkbox"/> OPD Treatment |
| <input type="checkbox"/> Daily Cash for choosing Shared Accommodation | <input type="checkbox"/> Pre & Post-Hospitalization expenses | | |
| <input type="checkbox"/> Others _____ | | | |