

e-CLAIMS NOTIFICATION (For Personal Accident Claim)



DESCRIPTION	INFORMATION TO BE PROVIDED BY INSURED
Name of Company / Organization	: Venus Remedies LTD
Brief details of Sender / Caller	
a. Name / Designation	
b. Contact Number	
c. Email Id	
	:
Name of Insured Person (Claimant)	
Age of Insured Person (Claimant)	:
Date of Accident & Time	:
Accident Location	:
Brief details – How did Accident take place?	:
Nature of Injuries sustained	:
Probable Period of Disability, as recommended by Doctor	:
Type of Loss (Weekly Benefit / Disability / Death)	:
Category of Insured person as per Policy Schedule	:
Contact Person (s) Details	:
a. Name	POOJA MEHTA/SANJEEV MISHRA
b. Contact Number	3933077, 3933139
c. Email Id	
PLEASE NOTE : FOR REGISTRATION OF CLAIMS	
1. Email notification to be sent at	General.claims@tata-aig.com
2. Toll Free number	1800 11 99 66