

MOTOR INSURANCE - CLAIM FORM

IMPORTANT

- To ensure priority processing, please complete all sections in CAPITAL letters. Please tick in the relevant boxes. Please attach additional sheet(s), if required, to answer a question with more detail and mention the serial number of the question.
- The issue of this form is not to be taken as an admission of liability. Verification of original vehicle registration book/driving licence and submission of duly-filled in claim form (signed only by the insured) is a must for arranging survey. Please provide any additional document/information if required.
- Page 2 to be filled up if there are any injury/death/damage to others property. If nothing is filled up it will be deemed that there are no such consequences in the said accident.

1. INSURANCE DETAILS

- a. Policy No./ Cover Note No. b. Period : From To
- c. Insured Name
- d. Address for Communication
- e. Date of Birth f. Age g. Phone -
- h. Mobile 1 Mobile 2
- i. E-mail
- j. Detail of other existing insurance polices for the vehicle:.....

2. VEHICLE DETAILS

- a. Registration No. b. Date of Registration c. Make :
- d. Model :..... e. Sub-model :..... f. Chassis No. g. Financier's interest if any :

3. ACCIDENT/LOSS DETAILS

- a. Date of accident/loss b. Time of accident/loss ____ am/pm c. Place of accident/loss:.....
- d. Please narrate the case of accident/loss. (Do not state "police report attached" or "as per police report")

- e. For what purpose was the vehicle being used at the time of accident :.....
- f. Nature and weight of goods carried at the time of accident? (Applicable for goods vehicle):.....
- g. Number of people traveled in the vehicle at the time of accident (Relative/Friend/occupant):.....
- h. Was the accident reported to the Police? Yes No If Yes, which Police Station :
- i. General Diary/Crime No./ FIR No.:

4. DRIVER DETAILS

- a. Name of the Driver
- b. Date of Birth c. Age d. Driving Licence No. :..... e. Expiry date :.....
- f. Name/Location of the issuing authority
- g. Class of the vehicle authorised to drive :.....
- h. Is the driver Owner Paid Driver Others If any other person, please specify:.....

5. INSPECTION DETAILS (Please do not dismantle or repair the vehicle till it is subject to a detailed survey)

- a. When and where the vehicle can be inspected? :.....
- b. Contact details :..... c. Estimated Loss : ₹.....

6. ADD-ON COVER CLAIM FORM (If you have taken the cover for the below add-on cover and if you wish to claim please appropriate box)

- Depreciation Waiver Windshield Glass Return to Invoice Cover Baggage Insurance Aggravation Damage
- Spare Car Coverage Voluntary Deductible NCB Protector Lifetime Road Tax Key Replacement Cover
- Others If any please specify:.....

7. DETAILS FOR ELECTRONIC FUND TRANSFER - For reimbursement only (please attach a cancelled cheque of the insured for bank details to avail the facility)

- Name of Account Holder (as per Bank)

I/We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. I/We agree to provide any further information or documents or assistance that may be required for processing my/our claim.

Date Place

Signature of the insured with date

8. DETAILS OF THIRD PARTY

a. Persons travelled in the insured vehicle at the time of accident

| Sl. No. | Name | Age | Gender (M/F) | In what capacity* he/she travelled | Nature of injury etc. |
|---------|------|-----|--------------|---------------------------------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

*Driver/Friend / Relative / Employee / Passenger / Others

b. Third party (person(s) out side the vehicle) injury / death at the time of accident

| Sl. No. | Name | Age | Gender (M/F) | Contact details if any | Nature of injury etc. |
|---------|------|-----|--------------|------------------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

c. Has notice of a third party claim been given to you ? Yes No If Yes, please enclose with this form

d. Detail of witnesses to the accident. Please specify detail

e. Third party property damage details: (including details of other vehicle, if any involved)

I/We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. I/We agree to provide any further information or documents or assistance that may be required for processing my/our claim.

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Place _____ Signature of the insured with date _____

CLAIMS PROCEDURE *(Please read carefully and understand the process of a motor claim. This is only a brief and not a detail/complete process)*

- Claim should be intimated to us immediately with the policy particulars.
- Do not repair the vehicle before survey.
- Survey will be arranged on receipt of claim intimation and submission of detailed estimate of repairs from the repairer.
- Original Registration Certificate (RC)/Driving Licence (DL) to be submitted to us for verification and return.
- Duly-filled in and signed (by the insured only) claim form to be submitted to the repairer/surveyor. For Company owned vehicles, Company seal and authorised person signature should be affixed in the claim form.
- FIR to be filed wherever third party injury/death/property damage is involved.
- Company may ask for additional documents and/or clarification/information if any, depending on the requirement of the claim.
- Cashless facility will be arranged if required documents are in order, claim is admissible and the facility is available at the place of repair.
- Based on surveyors instructions, vehicle to be produced for re-inspection on completion of repair works.
- Original bill along with satisfaction voucher for cashless claims is required for processing the claim.
- For non-cash-less claims (reimbursement claims) original cash bill or invoice with cash receipt is required for processing the claim.
- The detailed theft claim process letter will be sent to the insured address (mentioned in the policy/claim form) through registered post after intimation of theft claim.

For claim status enquiries, you may please contact the helpline number 1860 425 0000



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