



# MOTOR INSURANCE - CLAIM FORM

**FOR OFFICE USE ONLY**      Date of inward    

D	D	M	M	Y	Y	Y	Y
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      Claim Number    

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**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.
- The issuance of this form is not to be taken as an admission of liability. Verification of original vehicle registration certificate and driving licence along with 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 is any third party injury, death or property damage. If it is not filled, it will be deemed that there are no such consequences in the said accident.

## DETAILS OF INSURED PERSON & VEHICLE

Date of submission of Claim Form    

D	D	M	M	Y	Y	Y	Y
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      Policy No./Cover Note No.    

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Insured Name    

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Address for Communication    

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Mobile Number    

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

      PAN Number    

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email    

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Details of other existing insurance policies for the vehicle .....

Registration No. of insured vehicle    

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      Is there any financier's interest on the insured vehicle     Yes     No

## DETAILS OF ACCIDENT/LOSS

Date and Time of Accident/Loss    

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

H	H	M	M
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    am/pm      Place of Accident/Loss: .....

Narration of cause of Accident/Loss: (Do not state 'police report attached' or 'as per police report')

Purpose of use of vehicle at the time of Accident/Loss .....

Nature and weight of goods carried (for Goods Carrying Vehicle) .....

Number of occupants in the vehicle at the time of accident    

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Has the incident been reported to the Police     Yes     No

If yes, FIR/GD Entry No. .... Date    

D	D	M	M	Y	Y	Y	Y
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      Police Station.....

## DETAILS OF DRIVER

Name of driver at time of accident    

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Date of birth of driver    

D	D	M	M	Y	Y	Y	Y
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      Driving License No.    

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship of driver to insured     Self     Relative     Friend     Paid Driver     Others .....  
(Please specify)

**DETAILS OF THIRD PARTY**

Has the accident resulted in any death, injury or property damage belonging to a third party?  Yes  No

**Details of death of or injury to persons travelling in the insured vehicle**

S. No.	Name	Age	Gender	In what capacity* he/she travelled	Death	Injury	Nature of injury etc.
					(Please tick <input checked="" type="checkbox"/> )		
1.							
2.							
3.							
4.							
5.							

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

**Details of death of or injury to persons outside the insured vehicle**

S. No.	Name	Age	Gender	Contact details if any	Death	Injury	Nature of injury etc.
					(Please tick <input checked="" type="checkbox"/> )		
1.							
2.							
3.							
4.							
5.							

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

Please specify any details of witnesses to the accident .....

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.

Note that the contact details such as phone number and email you have provided will be updated in our system along with your policy details. We will reach you through this mobile number and/or email for all communication henceforth.

Date 

D	D	M	M	Y	Y	Y	Y
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 Place \_\_\_\_\_ Signature of the insured \_\_\_\_\_  
(Affix seal if vehicle is owned by a Company along with authorized signature)

Please refer to the claim procedure for your vehicle damage (Own Damage) claims given below or visit [www.roysundaram.in](http://www.roysundaram.in)

**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) may need to be submitted to us for verification and return.
- Claim form duly filled and signed only by insured as named in policy schedule must be submitted to the repairer/surveyor.
- FIR to be filed wherever third party injury/death/property damage is involved. A copy is to be submitted to the insurance company.
- Company may ask for additional documents and/or clarification/information, 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-cashless claims (reimbursement claims) original cash bill or invoice with cash receipt is required for processing the claim.
- A detailed theft claim process letter will be sent to your communication 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*



**Royal Sundaram General Insurance Co. Limited**  
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 IRDAI Registration No.102 | CIN:U67200TN2000PLC045611

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now at your finger tips!**



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