

Your insurance policy now at your finger tips!

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MOTOR INSURANCE -	CLAIM FORM
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FOR OFFICE USE ONLY	Date of inward	D D M M	Y Y Y Y	Claim Number			
 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. 							
	DE	ETAILS OF INSU	JRED PERSON &	VEHICLE			
Date of submisson of Claim Form	D D M M Y Y Y	Y Policy	No./Cover Note No.				
Insured Name							
Address for Communication							
					Pincode	2	
Mobile Number		I	PAN Number				
Email							
Details of other existing insur	ance policies for the vehic	le					
Registration No. of insured vehicle			Is there any finance	ier's interest on the ins	ured vehicle	🗌 Yes 🗌 No	
		DETAILS C	DF ACCIDENT/LO	SS			
Date and Time of Accident/Lo	DSS D D M M Y	Y Y Y H	H M M am/pn	n Place of Accide	ent/Loss:		
Narration of cause of Accident/Loss: (Do not state 'police report attached' or 'as per police report')							
Purpose of use of vehicle at th	ne time of Accident/Loss						
Nature and weight of goods carried (for Goods Carrying Vehicle)							
Number of occupants in the	vehicle at the time of accid	lent					
Has the incident been reported to the Police 🗌 Yes 🗌 No							
If yes, FIR/GD Entry No Date D D M M Y Y Y P Police Station							
DETAILS OF DRIVER							
Name of driver at time of acci	ident						
Date of birth of driver	D M M Y Y Y Y	Driving Licen	nse No.				
Relationship of driver to insu	red 🗌 Self 🗌 Relat	ive 🗌 Friend	Paid Driver	Others	y)		

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.
				negsne travened	(Please tick ☑)		
1.							
2.							
3.							
4.							
5.							

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

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

				0 4 4	Death	Injury		
S. No.	Name	Age Gender		Contact details if any	(Please tick ☑)		Nature of injury etc.	
					(Please	иск 🗹 ј		
1.								
2.								
3.								
4.								
5.								
Joint Contraction Joint Contraction Has notice of a third party claim been served to you? Yes No If Yes, please enclose with this form.								
Please sp	becify any details of witnesses to the accident							
Third J	party property damage details: (including details	ails of ot	ther vehicle, i	f any involved)				
I/We her	eby declare that the information furnished in t	his Clai	m Form is tru	e & correct to the best o	of our knowled	lge and belief.	I/We agree to provide any further	
informa	tion or documents or assistance that may be red	quired fo	or processing 1	ny/our claim.				
	t the contact details such as phone number an				n our system a	long with you	r policy details. We will reach you	
through	this mobile number and/or email for all comm	nunicatio	on henceforth	ι.				
Data [D D M M V V V P			Signatur	e of the insur	ed		
Date	D D M M Y Y Y Y Place			(Affix sea	l if vehicle is ow	ned by a Comp	any along with authorized signature)	
Please re	efer to the claim procedure for your vehicle da	mage ((Own Damage) claims given below o	or visit www.r	ovalsundaram	.in	
	· · · ·			, ,				
	PROCEDURE (<i>Please read carefully and understand the process</i> n should be intimated to us immediately with the policy part		claim. This is only	a brief and not a detail/complet	te process)			
	to trepair the vehicle before survey.	ticulais.						
	ey will be arranged on receipt of claim intimation and subm	ission of d	etailed estimate of	f repairs from the repairer.				
	inal Registration Certificate (RC)/Driving Licence (DL) may			-				
Clair	n form duly filled and signed only by insured as named in p	olicy schee	lule must be subn	nitted to the repairer/surveyor				
	o be filed wherever third party injury/death/property damag		17		1 ,			
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.								
	d on surveyors instructions, vehicle to be produced for re-ins	-	-					
 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. 								
	tailed theft claim process letter will be sent to your commun		-			st after intimation	of theft claim.	
For clain	a status enquiries, you may please contact the helpline number 18	60 425 000	00					
							Your insurance policy	
			Jul D				now at your finger tips!	
Royal Sundaram						回我问		
			Ger	neral Insurance			25423-623	
		Roval	Sundaram Ge	neral Insurance Co. Lim	ited			
	Vishranthi Melaram Te	owers, No	o. 2 / 319, Rajiv	Gandhi Salai (OMR), Kai	rapakkam, Chei	nnai - 600097.		
	101	0		tullos Road, Chennai - 60			Download	
IRDAI Registration No.102 CIN:U67200TN2000PLC045611							m-Chatra app	



Royal Sundaram Alliance Insurance Company Limited "Sundaram Towers", 45 & 46, Whites Road, Chennai – 600 014

Claim No:

Vehicle repair satisfaction voucher

I/We hereby acknowledge having received from	garage my/our
Motor Vehicle bearing Registration Number	
which has been repaired to my/our satisfaction and I/we admit that	the payment of
Rs on account of such repair by Royal Sundaram	n Alliance Insurance
Company Limited is in full discharge of my/our claim upon the said Comp	oany under Policy
Noin respect of the damage caused to the above men	tioned vehicle in an
accident which occurred on	

Place :

Name :

Date :

Signature :