



**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**  
 Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.  
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 ✉ [customer.services@roysundaram.in](mailto:customer.services@roysundaram.in) | 
 🌐 [www.roysundaram.in](http://www.roysundaram.in)

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 Alliance Insurance  
Company Limited is in full discharge of my/our claim upon the said Company under Policy  
No \_\_\_\_\_ in respect of the damage caused to the above mentioned vehicle in an  
accident which occurred on \_\_\_\_\_

Place :

Name :

Date :

Signature :