

MOTOR INSURANCE OWN DAMAGE CLAIM FORM



Royal Sundaram
General Insurance

IMPORTANT

- To ensure expedited 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 issuance of this form is not to be taken as an admission of liability. Verification of original vehicle registration and driving license as well as submission of claim form duly filled and signed only by insured is a must for survey. Please provide any additional document/information if required.
- Considering ease of filling information for an own damage claim, information regarding liability towards injury/death/property damage is to be furnished in an additional claim form.

Has any person died or been injured in the accident mentioned below? Yes No

Has any property belonging to any other person been damaged in the accident mentioned below? Yes No

If the answer to any of the above questions is 'Yes' you will need to fill up an additional third party liability claim form to declare information regarding injury/death/property damage.

INSURANCE DETAILS

Policy No./ Cover Note No.

Period From To

Insured Name

Address for Communication

Pin

Date of Birth Phone -

Mobile GSTIN

E-mail

Aadhaar Number PAN Number

PAN Number, Aadhaar Number, Mobile Number, Email are mandatory If PAN Number not available, Please provide a copy of Form 49 or Form 60 as applicable.

Detail of other existing insurance policies covering this vehicle: _____

VEHICLE DETAILS

Registration No. Date of Registration

Make : _____ Model : _____ Sub-model : _____

Chassis No. Financier's interest if any : _____

ACCIDENT/LOSS DETAILS

Date of accident/loss Time of accident/loss - am/pm

Place of accident/loss : _____

Please narrate, in detail, the events leading to the accident/loss. (Do not state "police report attached" or "as per police report")

For what purpose was the vehicle being used at the time of accident : _____

Nature and weight of goods carried at the time of accident (Applicable for goods vehicle): _____

Number of people in the vehicle at the time of accident (Relative/Friend/occupant): _____

Was the accident reported to the Police ? Yes No If Yes, which Police Station : _____

General Diary/Crime No./ FIR No.: _____

DRIVER DETAILS

Name of the Driver

Date of Birth

Driving Licence No. : Expiry date

Name/Location of the issuing authority

Class of the vehicle authorised to drive : _____

Is the driver Owner Paid Driver Others If any other person, please specify: _____

INSPECTION DETAILS

Please do not dismantle or repair the vehicle till it is inspected by Royal Sundaram engaged Surveyor/Assessor

When and where can the vehicle be inspected? : _____

Contact details : _____

Estimated Loss : _____

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

Tyre Cover - 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

(Tyre Sl. No.) (Tyre Sl. No.) (Tyre Sl. No.) (Tyre Sl. No.) (Tyre Sl. No.)

Option for others If any please specify: _____

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.

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 future communication henceforth.

Date Place _____ Signature of the insured with date _____

Please refer to the claim procedure for your vehicle damage (Own Damage) claims given below or logon to www.royalsundaram.in

OWN DAMAGE CLAIMS PROCEDURE

Please read carefully and understand the process of a motor claim. This is only a brief and not a detailed/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.
- 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. Please note that you are required to fill a separate form to provide details of third party involvement.
- 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 contact the helpline number 1860 425 0000

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullos Road, Chennai - 600 002.

Royal Sundaram IRDAI Registration No.102 | CIN:U67200TN2000PLC045611

☎ 1860 425 0000 | 📱 SMS 567675 | ✉ customer.services@royalsundaram.in | 🌐 www.royalsundaram.in