



Royal Sundaram

PERSONAL ACCIDENT DEATH CLAIM FORM

FOR OFFICE USE ONLY
Issuing office :
Date of Issue :
Claim No :

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED

46, Whites Road, Chennai-600 014. Telephone : 044-852 2123 Fax: 044-851 7384
E-mail : customer.services@in.royalsun.com

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please ensure that all questions are answered in Capital Letters using an ink pen

Policy Number Certificate Number
Card Number / Account Number Name of the Bank

1. Insured/Insured Person details

Name of the Insured/Insured Person
Name of the Deceased Person
Address for Correspondence
Telephone Daytime & Mobile Number
Telephone Evening
E-mail ID

2. Details of the accident

Date of the accident
Time of accident
Place of accident
Date of death
Nature and cause of accident
Was the accident reported to the Police?
If Yes please give the address of the Police Station
If No please give reason why
First Information Report Number & Date

3. Hospital Details

Name of the hospital where the person was admitted immediately after the accident

Address of the hospital

Name of the hospital where the postmortem was conducted

Address of the hospital

4. Other Insurance Details

Does the deceased person have any other Personal Accident insurance?
If yes , please give the name and address of the Insurance company

Yes

No

Policy Number

Amount Insured for

5. DECLARATION

I hereby declare that the foregoing statements are made by myself and are true in all respects. I have not attempted to conceal from the Company anything with which it ought to be made acquainted. I agree that if I have made or in any further declaration that the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatsoever, the Policy shall be void and my right to compensation forfeited. I am willing, if required, to make a Statutory Declaration before a Court of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Witness

Legal Heir / Nominee

Signature / thumb impression

Signature / thumb impression of First legal heir

Name

Name

Date

(DD/MM/YY)

Date

(DD/MM/YY)

Full Address

CERTIFICATE FROM THE EYE WITNESS TO THE ACCIDENT

I hereby certify that I was present when the accident occurred to Miss/Mrs/Mr. _____ on _____ (DD/MM/YY) in the manner stated overleaf. It was caused by _____

which was*/was not* his/her wilful act and he/she was*/was not* under the influence of intoxicating liquor / drugs at the time of accident.

*Strike out which is not applicable

Date :	<input type="text" value=" / /"/> (DD/MM/YY)	Signature / thumb impression of the eye witness	<input type="text"/>
Place	<input type="text"/>	Name	<input type="text"/>
		Address	<input type="text"/>

**PLEASE CHECK THAT ALL QUESTIONS HAVE BEEN ANSWERED IN FULL & THE FORM SIGNED AND DATED.
KINDLY SEND THE FOLLOWING DOCUMENTS**

Death certificate in original

First Information Report - Photocopy duly attested by the issuing authority

Postmortem report

Panchanama / Accident report

Chemical analysis report of viscera / blood sample

Admission / Discharge / Death summary issued by hospital authority

English translation of vernacular documents

Certificate from the Airline that the deceased was travelling as a passenger (in case of air accident.)

Original Legal Heir Certificate (in case nomination has not been filed by the deceased)

Additional Information :