



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 : 044-28517387 - 7391 Fax: 044-2851 5500
 E-mail : customer.services@royalsundaram.in

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	<input type="text"/>	Certificate Number	<input type="text"/>
Card Number / Account Number	<input type="text"/>	Name of the Bank	<input type="text"/>

1. Insured/Insured Person details

Name of the Insured/Insured Person

Name of the Deceased Person

Address for Correspondence

Telephone Daytime & Mobile Number

STD Code :	<input type="text"/>
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Telephone Evening

STD Code :	<input type="text"/>
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E-mail ID

2. Details of the accident

Date of the accident

 (DD/MM/YY)

Time of accident

 (AM/PM)

Place of accident

Date of death

Nature and cause of accident

Was the accident reported to the Police?

Yes

No

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 :