MOTOR INSURANCE
THIRD PARTY LIABILITY 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. • Please provide any additional document/information if required.

Please fill this form only if you are subject to third party liability with regard to death, injury or property damage resulting from the use of the insured motor vehicle.

If you have filled out an Own Damage claim form for the same accident, please provide the below two details and skip directly to THIRD PARTY LIABILITY DETAILS Section.

Vehicle Registration Number: | | | | | | | | | | | **Date of Loss:** D D M M Y Y Y Y

If you are only going to lodge a Third Party Liability Claim or if you have not filled the own damage claim form, please fill out all sections of this form completely.

INSURANCE DETAILS

Policy No./Cover Note No.

Period From D D M M Y Y Y Y To D D M M Y Y Y Y

Insured Name

Address for Communication

Pin

Date of Birth D D M M Y Y Y Y **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 polices covering this vehicle:_____

VEHICLE DETAILS

Registration No. | | | | | | | | | | **Date of Registration** D D M M Y Y Y Y

Make :_____ **Model :**_____ **Sub-model :**_____

Chassis No. | | | | | | | | | | | | | | |

ACCIDENT/LOSS DETAILS

Date of accident/loss D D M M Y Y Y Y **Time of accident/loss** H H - M M 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 :_____

THIRD PARTY DETAILS

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

b. General Diary/Crime No./FIR No.:_____ Date of FIR [D][D][M][M][Y][Y][Y][Y]

c. Persons travelled in the insured vehicle at the time of accident. (If this space is not enough, please attach a separate sheet)

Sl. No.	Name	Age	Gender (M/F)	In what capacity* he/she travelled	Death	Injury	Details of injury
1.							
2.							
3.							
4.							
5.							

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

d. Third party (person(s) out side the vehicle) injury / death at the time of accident. (If this space is not enough, please attach a separate sheet)

Sl. No.	Name	Age	Gender (M/F)	Contact details if any	Death	Injury	Details of injury
1.							
2.							
3.							
4.							
5.							

e. Has notice of a third party claim been given to you ? ☐ Yes ☐ No   If Yes, please enclose with this form ....

f. Detail of witnesses to the accident. Please specify detail ....

g. Third party property damage details (including details of other vehicle, if any involved): (If this space is not enough, please attach a separate sheet)

DRIVER DETAILS

Name of the Driver [| | | | | | | | | | | | | | | | | | | | | | | |]

Date of Birth [D][D][M][M][Y][Y][Y][Y]

Driving Licence No. : [| | | | | | | | | | | | | | | |]   Expiry date [D][D][M][M][Y][Y][Y][Y]

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:_____

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 [D][D][M][M][Y][Y][Y][Y]   Place _____

_____
Signature of the insured with date

Please refer to the instructions for third party claims given below or logon to www.royalsundaram.in

INSTRUCTIONS FOR THIRD PARTY LIABILITY CLAIMS

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 immediately with policy particulars, to the insurance company after the accident, or upon receipt of any writ or summons from a court. • Do not commit or negotiate any settlement without prior written consent of the insurance company. • Police First Information Report (FIR) is mandatory for third party liability claims. • Any summons or other court documents pertaining to the claim needs to be forwarded to the insurance company immediately. • Any documents pertaining to the claim such as but not limited to post mortem reports, hospital records, injury certificates, accident reports need to be forwarded to the insurance company immediately after receipt by insured. The company may ask for any additional documents which need to be provided by insured. • It is the responsibility of the insured to ensure that all material facts pertaining to the claim and accident are disclosed truly and accurately to the insurance company. • It is an obligation of the insured to assist the insurance company in securing any contribution from other parties who share liability of the insured.

For claim status enquiries, you may contact the helpline number 1860 425 0000