



**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

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

STD Code :

Telephone Evening

STD Code :

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

Signature / thumb impression

Name

Date

(DD/MM/YY)

Full Address

#### Legal Heir / Nominee

Signature / thumb impression of First legal heir

Name

Date

(DD/MM/YY)

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**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 :	/ / (DD/MM/YY)	Signature / thumb impression of the eye witness	
Place		Name	
		Address	

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**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 :**