**Claim Registration Details-****Motor**

|  |  |
| --- | --- |
| **Name** | **Nithya** |
| **Policy Number** | **AB014** |
| **Policy Type** | **Collision insurance** |
| **Premium Amount** | **17000** |
| **No of Claim** | **1** |
| **Claimed Amount** | **70000** |
| **Sum Insured** | **700000** |
| **Renewal** | **yes** |
| **Bill Amount** | **10000** |

You Are Eligible to Claim the Bill