**Claim Registration Details-**

|  |  |
| --- | --- |
| **Name** |  |
| **Policy Number** |  |
| **Policy Type** |  |
| **Premium Amount** |  |
| **No of Claim** |  |
| **Claimed Amount** |  |
| **Sum Insured** |  |
| **Renewal** |  |
| **Bill Amount** |  |