

# INSURANCE CLAIM APPLICATION FORM

**Policyholder Name:** Hema

**Policy Number:** POL47201

**Contact Number:** 9876543210

**Email Address:** tannaprasanthkumar77@gmail.com

## Claim Details

**Claim Type:** Vehicle Damage

**Claim Reason (Summary):** Rear bumper dented due to accidental collision.

**Estimated Claim Amount (INR):** 303138

**Preferred Payment Mode:** Cheque

## Incident Information

**Incident Date:** 15-02-2026

**Claim Date:** 22-02-2026

**Accident Area:** Urban

**Sex:** Female

**Police Report Filed:** No

**Week Of Month (Accident):** 3

**Week Of Month (Claimed):** 4

**Policy Type:** Sedan - All Perils

**Driver Rating:** 2

**Age of Driver:** 29

**Deductible:** 400

**Signature of Applicant:** Hema