

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Charitha

Policy Number: POL30879

Contact Number: 9876543210

Email Address: tannaprasanthkumar77@gmail.com

Claim Details

Claim Type: Vehicle Damage

Claim Reason (Summary): Side door damaged while reversing from parking.

Estimated Claim Amount (INR): 487844

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 31-10-2025

Claim Date: 01-11-2025

Accident Area: Urban

Sex: Female

Police Report Filed: No

Week Of Month (Accident): 2

Week Of Month (Claimed): 1

Policy Type: Sedan - Liability

Driver Rating: 2

Age of Driver: 45

Deductible: 400

Signature of Applicant: Charitha