

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Harsha

Policy Number: POL56096

Contact Number: 9876543210

Email Address: tannaprasanthkumar77@gmail.com

Claim Details

Claim Type: Vehicle Damage

Claim Reason (Summary): Windshield cracked after hitting debris on road.

Estimated Claim Amount (INR): 196150

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 21-11-2025

Claim Date: 22-11-2025

Accident Area: Urban

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 5

Week Of Month (Claimed): 4

Policy Type: Utility - All Perils

Driver Rating: 4

Age of Driver: 41

Deductible: 400

Signature of Applicant: Harsha