

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Karma

Policy Number: POL58789

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): 303015

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 07-04-2026

Claim Date: 08-04-2026

Accident Area: Urban

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 2

Week Of Month (Claimed): 2

Policy Type: Sedan - Collision

Driver Rating: 2

Age of Driver: 26

Deductible: 400

Signature of Applicant: Karma