

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Ramesh

Policy Number: POL91929

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): 222210

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 07-07-2026

Claim Date: 08-07-2026

Accident Area: Rural

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 2

Week Of Month (Claimed): 2

Policy Type: Sedan - All Perils

Driver Rating: 1

Age of Driver: 74

Deductible: 400

Signature of Applicant: Ramesh