

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Ysaswini

Policy Number: POL88310

Contact Number: 9876543210

Email Address: tannaprasanthkumar77@gmail.com

Claim Details

Claim Type: Vehicle Damage

Claim Reason (Summary): Scratches and dents caused by minor road accident.

Estimated Claim Amount (INR): 411323

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 08-03-2026

Claim Date: 15-03-2026

Accident Area: Urban

Sex: Female

Police Report Filed: No

Week Of Month (Accident): 2

Week Of Month (Claimed): 3

Policy Type: Sedan - Collision

Driver Rating: 4

Age of Driver: 42

Deductible: 400

Signature of Applicant: Ysaswini