INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Ayush

Policy Number: POL23198

Contact Number: 9876543210

Email Address: tannaprasanthkumar77@gmail.com

Claim Details

Claim Type: Vehicle Damage

Claim Reason (Summary): Vehicle sustained front-side impact damage.

Estimated Claim Amount (INR): 301125

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 08-11-2025

Claim Date: 29-11-2025

Accident Area: Urban

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 2

Week Of Month (Claimed): 5

Policy Type: Sedan - Liability

Driver Rating: 3

Age of Driver: 40

Deductible: 400

Signature of Applicant: Ayush