

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Hema

Policy Number: POL47201

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): 303138

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 15-02-2026

Claim Date: 22-02-2026

Accident Area: Urban

Sex: Female

Police Report Filed: No

Week Of Month (Accident): 3

Week Of Month (Claimed): 4

Policy Type: Sedan - All Perils

Driver Rating: 2

Age of Driver: 29

Deductible: 400

Signature of Applicant: Hema