

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Vimal

Policy Number: POL29005

Contact Number: 9876543210

Email Address: tannaprasanthkumar77@gmail.com

Claim Details

Claim Type: Vehicle Damage

Claim Reason (Summary): Side door damaged while reversing from parking.

Estimated Claim Amount (INR): 183022

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 07-08-2026

Claim Date: 08-08-2026

Accident Area: Rural

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 2

Week Of Month (Claimed): 2

Policy Type: Sedan - Liability

Driver Rating: 3

Age of Driver: 45

Deductible: 400

Signature of Applicant: Vimal