

# INSURANCE CLAIM APPLICATION FORM

**Policyholder Name:** Kamesh

**Policy Number:** POL29143

**Contact Number:** 9876543210

**Email Address:** tannaprasanthkumar77@gmail.com

## Claim Details

**Claim Type:** Vehicle Damage

**Claim Reason (Summary):** Windshield cracked after hitting debris on road.

**Estimated Claim Amount (INR):** 180946

**Preferred Payment Mode:** Cheque

## Incident Information

**Incident Date:** 31-01-2026

**Claim Date:** 01-02-2026

**Accident Area:** Urban

**Sex:** Male

**Police Report Filed:** No

**Week Of Month (Accident):** 5

**Week Of Month (Claimed):** 1

**Policy Type:** Sedan - Collision

**Driver Rating:** 3

**Age of Driver:** 29

**Deductible:** 400

**Signature of Applicant:** Kamesh