

# INSURANCE CLAIM APPLICATION FORM

**Policyholder Name:** Yasaswini

**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:** Yasaswini