

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Somu

Policy Number: POL62235

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): 231154

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 14-09-2026

Claim Date: 15-09-2026

Accident Area: Urban

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 3

Week Of Month (Claimed): 3

Policy Type: Sedan - Collision

Driver Rating: 2

Age of Driver: 46

Deductible: 400

Signature of Applicant: Somu