

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Teja

Policy Number: POL52837

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): 365119

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 30-09-2026

Claim Date: 01-10-2026

Accident Area: Urban

Sex: Male

Police Report Filed: Yes

Week Of Month (Accident): 1

Week Of Month (Claimed): 1

Policy Type: Sedan - Liability

Driver Rating: 2

Age of Driver: 48

Deductible: 400

Signature of Applicant: Teja