

# 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