

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Naveen

Policy Number: POL90927

Contact Number: 9876543210

Email Address: tannaprasanthkumar77@gmail.com

Claim Details

Claim Type: Vehicle Damage

Claim Reason (Summary): Vehicle sustained front-side impact damage.

Estimated Claim Amount (INR): 190158

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 01-02-2026

Claim Date: 08-02-2026

Accident Area: Urban

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 1

Week Of Month (Claimed): 2

Policy Type: Sedan - All Perils

Driver Rating: 3

Age of Driver: 57

Deductible: 400

Signature of Applicant: Naveen