

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Bhaskar

Policy Number: POL47735

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): 454546

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 14-08-2026

Claim Date: 15-08-2026

Accident Area: Rural

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 3

Week Of Month (Claimed): 3

Policy Type: Sedan - Collision

Driver Rating: 4

Age of Driver: 48

Deductible: 400

Signature of Applicant: Bhaskar