

INSURANCE CLAIM APPLICATION FORM

Policyholder Name: Kamesh

Policy Number: POL29143

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): 180946

Preferred Payment Mode: Cheque

Incident Information

Incident Date: 31-01-2026

Claim Date: 01-02-2026

Accident Area: Urban

Sex: Male

Police Report Filed: No

Week Of Month (Accident): 5

Week Of Month (Claimed): 1

Policy Type: Sedan - Collision

Driver Rating: 3

Age of Driver: 29

Deductible: 400

Signature of Applicant: Kamesh