

INSURANCE CLAIM FORM

Claim Number:	CLM-2025-00789	Claim Date:	2025-01-15
Policy Number:	POL-456789-2024	Policy Type:	Comprehensive Auto Insurance

CLAIMANT INFORMATION

Full Name:	Rajesh Kumar
Address:	456 MG Road, Bangalore, Karnataka 560001
Phone:	+91-98765-43210
Email:	rajesh.kumar@email.com
Date of Birth:	1985-06-20

INCIDENT DETAILS

Date of Incident:	2025-01-10
Time of Incident:	3:45 PM
Location:	Intersection of MG Road and Brigade Road, Bangalore, Karnataka
Type of Incident:	Vehicle Collision
Police Report Filed:	Yes - Report #BLR-2025-00234

Description of Incident:

While driving through the intersection of MG Road and Brigade Road, another vehicle ran a red light and collided with the driver's side of my vehicle. The impact caused significant damage to the front left quarter panel, door, and wheel. Airbags deployed and I sustained minor injuries requiring medical attention. The other driver admitted fault at the scene.

DAMAGES CLAIMED

Item	Description	Amount
Vehicle Repair	Front left quarter panel, door, wheel	Rs.3,85,000
Medical Expenses	Emergency room visit and follow-up	Rs.99,000
Rental Car	10 days rental during repair	Rs.35,700
Total Claim Amount:		Rs.5,19,700

Claimant Signature: _____

Date: 2025-01-15