

# INSURANCE CLAIM FORM

Claim Form Number: CLM-2025-00123

## PART A: POLICYHOLDER DETAILS

Field	Information
Full Name	Rohan Mehta
Policy Number	HL-PL-67234-2025
Insurance Type	Health Insurance
Date of Birth	12/08/1988
Gender	Male
Contact Number	+91-9876543210
Email Address	rohan.mehta@email.com
Permanent Address	102, Shree Nivas Apartments, Andheri (W), Mumbai - 400058
Occupation	Software Engineer
Employer Name	Infosys Ltd.
PAN Number	BZTPM1234E

## PART B: HOSPITAL/ACCIDENT DETAILS (FOR HEALTH/MEDICAL CLAIMS)

Field	Information
Hospital/Clinic Name	Fortis Hospital, Mulund
Date of Admission	15/06/2025

Date of Discharge	18/06/2025
Reason for Admission	Acute Appendicitis
Type of Treatment	Surgical – Appendectomy
Total Bill Amount (₹)	₹85,400.00
Amount Claimed (₹)	₹80,000.00
Mode of Payment at Hospital	Paid by Card (self)
Hospital Registration Number	MH/FORTIS/2021/0432
Doctor's Name & Reg. Number	Dr. Anjali Sharma (MCI/2020/87623)

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**PART C: VEHICLE DAMAGE DETAILS (IF APPLICABLE)**

Field	Information
Vehicle Number	MH12DE1234
Type of Vehicle	Private – Hyundai i20
Date of Accident	Not Applicable
Location of Incident	Not Applicable
FIR Number (if filed)	Not Applicable
Police Station Name	Not Applicable

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**PART D: BANK ACCOUNT DETAILS FOR CLAIM REIMBURSEMENT**

Field	Information
Account Holder Name	Rohan Mehta
Bank Name	HDFC Bank
Branch	Andheri West Branch
Account Number	50100239382731

IFSC Code	HDFC0000231
Account Type	Savings
UPI ID (Optional)	rohanmehta@hdfcban k

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## PART E: DOCUMENTS ATTACHED (Check ✓ all that apply)

- [✓] Original Hospital Bills
  - [✓] Discharge Summary
  - [✓] Diagnostic Reports
  - [✓] ID Proof (Aadhaar)
  - [✓] Cancelled Cheque
  - Police FIR (if applicable)
  - Vehicle Repair Estimate
  - Photos of Damage (Vehicle)
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## PART F: DECLARATION BY CLAIMANT

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to provide any further documentation requested and authorize the insurance company to verify all submitted records.

**Signature of Policyholder:** \_\_\_\_\_

**Date:** 25/06/2025

**Place:** Mumbai