

# INSURANCE CLAIM FORM (SAMPLE)

## Policy Holder Details

Full Name:	Rahul Sharma
Policy Number:	LIC-HLT-9823471
Insurance Company:	LifeCare Insurance Ltd.
Contact Number:	+91 98765 43210
Email Address:	rahul.sharma@email.com
Address:	Flat 302, Green Residency, Andheri East, Mumbai - 400069

## Claim Details

Type of Claim:	Health Insurance
Date of Incident:	15 January 2026
Location of Incident:	Apollo Hospital, Mumbai
Claim Amount (₹):	₹1,25,000
Brief Description of Incident:	The policy holder was hospitalized due to severe dengue fever and underwent medical treatment.

## Bank Details for Claim Settlement

Bank Name:	State Bank of India
Account Holder Name:	Rahul Sharma
Account Number:	XXXXXX4321
IFSC Code:	SBIN0000456

## Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. This claim is submitted for demonstration and sample purposes only.

Signature of Policy Holder: Rahul Sharma

Date: 20 January 2026