

# 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.

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Signature of Policy Holder: Rahul Sharma

Date: 20 January 2026