

METLIFE INSURANCE CLAIM FORM

Claim Number: CLM-784592

Policy Number: PLC-10345

Date of Incident: 12/09/2025

Type of Loss: Vehicle Damage

Claim Amount: \$18,500

Claimant Name: Aditya Jagtap

Contact Email: aditya.jagtap@example.com

Contact Number: +91 9876543210

Incident Description:

The insured vehicle met with an accident on the Mumbai-Pune expressway due to a rear-end collision.

No major injuries were reported.

Authorized Signature:

Kalyan Korada

Claims Manager

MetLife Insurance