

METLIFE INSURANCE CLAIM FORM

Claim Number: CLM-784592

Customer ID: 121

Claim Type : Medical

Claim Amount: \$18,500

Nominee : Sister

Date : 21 Oct 2025

Bank Account No : 2132982478

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