

MOTOR INSURANCE CLAIM FORM

CLAIM NUMBER
CLM-2026-00019

SUBMISSION DATE
11 Feb 2026

STATUS
SUBMITTED

SECTION 1: CUSTOMER INFORMATION

FULL NAME:	CLIENT		
EMAIL ADDRESS:	client@gmail.com	MOBILE NUMBER:	233232323

SECTION 2: VEHICLE DETAILS

MAKE & MODEL:	toyota toyota		VARIANT:	EDWDAS	
YEAR:	2026	VEHICLE TYPE:	Hatch-back	COLOR:	black
FUEL TYPE:	Petrol	TRANSMISSION:	Man-u-al	USAGE TYPE:	Per-son-al
REGISTRATION NO.:	SDGFDGS-DFGSD-FGSDF	RC NUMBER:	SSSSSSSS		
REGISTRATION DATE:	11 Feb 2026	ODOMETER (KM):	45		
CHASSIS NUMBER:	DDFDGFDFD	ENGINE NUMBER:	SDFSDFS-DFSDF		

SECTION 3: INSURANCE POLICY DETAILS

POLICY NUMBER:	FDSGDFD	INSURANCE COMPANY:	New India As-surance
POLICY TYPE:	Own Damage Only	IDV VALUE:	₹56
POLICY START:	11 Feb 2026		

POLICY END:	11 Feb 2026	EXPIRY DATE:	11 Feb 2026
VEHICLE CONDITION BEFORE:	Good		
PREVIOUS ACCIDENT HISTORY:	Unknown		

SECTION 4: CLAIM & INCIDENT DETAILS

CLAIM TYPE:	Accident	INCIDENT DATE:	11 Feb 2026
ESTIMATED DAMAGE:	65		
INCIDENT LOCATION:	ERTWRTWER		
INCIDENT DESCRIPTION:	This is my car.		
DAMAGE AREAS:	["Front Bumper", "Rear Bumper", "Left Side", "Right Side", "Electrical System", "Right Tail Light", "Left Tail Light", "Axe", "Wheels/Tyres", "Interior", "Left Door (Front)", "Total Loss", "Left Door (Rear)", "Roof", "Hood/Bonnet", "Right Door (Front)"]		

SECTION 5: ADMIN NOTES & RECOMMENDATIONS

ADMIN NOTES:

test

SECTION 6: ATTACHED DOCUMENTS (14)

DETALI NG GARAGE
PRE-DELIVERY INSPECTION CHECK LIST

Insurance Claim Report SUBMITTED

CUSTOMER INFORMATION

FULL NAME CLIENT	EMAIL ADDRESS client@gmail.com	VEHICLE NUMBER 22222222
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VEHICLE DETAILS

MAKE & MODEL TOYOTA COROLLA	VARIANT 2019	YEAR 2019
REGISTRATION DATE 01/01/2020	FUEL TYPE Petrol	TRANSMISSION Manual
OWNER John Doe	GRADE TYPE Commercial	NUMBER OF SEATS 2
DEALER Sofia's Garage	REGISTRATION NUMBER 55555555	INSURANCE EXPIRY DATE 16 Feb 2020
DRIVERS LICENSE NO. 1234567890	DRIVERS LICENSE EXP. DATE 16 Feb 2020	ENGINE NUMBER SOFA1234567890

INSURANCE POLICY DETAILS

POLICY NUMBER 1234567890	INSURANCE COMPANY Short AXA	POLICY TYPE Comprehensive
POLICY START DATE 16 Feb 2020	POLICY END DATE 16 Feb 2020	POLICY EXPIRY DATE 16 Feb 2020

ACCIDENT HISTORY

ACCIDENT ID 1234567890	ACCIDENT DATE 16 Feb 2020	ESTIMATED DAMAGE \$100
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CLAIM & INCIDENT DETAILS

CLAIM TYPE Third Party	ACCIDENT DATE 16 Feb 2020	ESTIMATED DAMAGE \$100
INCIDENT LOCATION Road	INCIDENT DESCRIPTION The wheel of my car has been crushed.	
DAMAGED AREAS [Front Bumper, Front Bumper, Left Side, Right Side, Roof, Headliner, Sunroof, Windshield]		

ADMIN NOTES & RECOMMENDATIONS

OK

DAMAGE PHOTOS

ATTACHED DOCUMENTS ONE

DETALI NG GARAGE
PRE-DELIVERY INSPECTION CHECK LIST

Insurance Claim Report SUBMITTED

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ADMIN NOTES & RECOMMENDATIONS

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ATTACHED DOCUMENTS ONE

DETALI NG GARAGE
PRE-DELIVERY INSPECTION CHECK LIST

Insurance Claim Report SUBMITTED

CUSTOMER INFORMATION

FULL NAME CLIENT	EMAIL ADDRESS client@gmail.com	VEHICLE NUMBER 22222222
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VEHICLE DETAILS

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REGISTRATION DATE 01/01/2020	FUEL TYPE Petrol	TRANSMISSION Manual
OWNER John Doe	GRADE TYPE Commercial	NUMBER OF SEATS 2
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ADMIN NOTES & RECOMMENDATIONS

OK

PAN CARD

ATTACHED DOCUMENTS ONE

DETALI NG GARAGE
PRE-DELIVERY INSPECTION CHECK LIST

Insurance Claim Report SUBMITTED

CUSTOMER INFORMATION

FULL NAME CLIENT	EMAIL ADDRESS client@gmail.com	VEHICLE NUMBER 22222222
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VEHICLE DETAILS

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ADMIN NOTES & RECOMMENDATIONS

OK

PAN CARD

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PRE-DELIVERY INSPECTION CHECKLIST

Insurance Claim Report

CLM-2023-00123

SUBMITTED
DISMISSED

CUSTOMER INFORMATION

Full Name:	EMAIL ADDRESS:	PHONE NUMBER:
GARY	gary@gmail.com	0000000000

VEHICLE DETAILS

Make:	Model:	Year:
FORD	F150	2018
Vehicle Type:	Passenger	Transmission:
Other:	None	Model:
Color:	Black	License Plate No.:
Stock:	Commercial	Expiry Date:
Registration Number:	AB123456	Registration Date:
Expiry Number:	1234567890	Registration Date:
VIN:	1GADPFDY3F0123456	Chassis Number:
Engine Number:	1234567890	Serial Number:

INSURANCE POLICY DETAILS

POLICY NUMBER:	INSURANCE COMPANY:	POLICY TYPE:
1234567890	Bharat AXA	Comprehensive
EXPIRY DATE:	PURCHASE DATE:	TERM:
10 Feb 2025	10 Feb 2025	10 Feb 2025

DRIVER & VEHICLE INSPECTION

DRIVER NAME:	DRIVER STATUS:
GARY	Good
PREVIOUS ACCIDENT HISTORY:	
No Previous Accidents.	

CLAIM & INCIDENT DETAILS

CLAIM TYPE:	INCIDENT DATE:	ESTIMATED DAMAGE:
Third Party	10 Feb 2025	\$4
ACCIDENT LOCATION:	None	
INCIDENT DESCRIPTION:	The car got hit from the front.	
DRIVER NOTES:	(Please describe - Front Bumper - Left Side / Right Side / Roof / Head/Bonnet / Dashboard / Windshield)	

ADMIN NOTES & RECOMMENDATIONS

None

DETROIT GARAGE
DRIVING LICENSE

MECHANIC INSPECTION CHECKLIST

Insurance Claim Report

Customer Information

NAME: **John Doe** EMAIL: **john.doe@gmail.com** MOBILE NUMBER: **1234567890**
CLIENT

VEHICLE DETAILS

VEHICLE MAKE:	FORD	VEHICLE MODEL:	FOCUS
VEHICLE COLOR:	White	VEHICLE FUEL:	Gasoline
VEHICLE PLATE:	12345678	VEHICLE VIN:	1GADP2C1X12345678
VEHICLE GROUP:	Passenger Car	VEHICLE AGE:	2010
VEHICLE MILEAGE:	123456	VEHICLE USE:	Personal
VEHICLE STATUS:	Approved	VEHICLE NOTES:	

INSURANCE POLICY DETAILS

POLICY HOLDER:	John Doe	POLICY EXPIRY DATE:	10 Feb 2025
POLICY TYPE:	Full Coverage	POLICY NUMBER:	1234567890
POLICY ISSUED DATE:	10 Feb 2024	POLICY APPROVAL DATE:	10 Feb 2024
POLICY APPROVAL COMMENTS:	Approved	POLICY APPROVAL BY:	

CLEAR CRIMES

Clear Crime Status: **00 Feb 2024** **✓**

CRIME DESCRIPTION: **No Crime**

(Please Note: This section only tracks high-level crimes.)

ADMIN NOTES & RECOMMENDATIONS

ATTACHED DOCUMENTS (2)

Vehicle Log **100 KB**
 Service History Log **100 KB**
 Customer Feedback Form **100 KB**

DETROIT GARAGE
DRIVING LICENSE

DISCLAIMER: THIS CHECKLIST IS FOR INFORMATION PURPOSES ONLY.

PRINT BY: **John Doe** | PRINT DATE: **10-02-2024**

RE: **DRIVING LICENSE**

POLICY

POLICY

BANK PASSBOOK

ATTACHED DOCUMENTS/LINKS	
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BC BOOK

CLIENT SIGNATURE

AUTHORIZED SIGNATURE

Date: _____

Date: _____

This is a computer-generated document. All information provided is subject to verification.
For any queries, please contact the insurance company directly.

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