

Insurance Claim Report

CLM-2026-00013

Status: SUBMITTED

CUSTOMER INFORMATION

FULL NAME

CLIENT

EMAIL ADDRESS

client@gmail.com

MOBILE NUMBER

233232323

VEHICLE DETAILS

MAKE & MODEL

toyota toyota

VARIANT

EDWDAS

YEAR

2026

VEHICLE TYPE

Other

FUEL TYPE

Petrol

TRANSMISSION

Manual

COLOR

black

USAGE TYPE

Commercial

ODOMETER (KM)

12

REGISTRATION NUMBER

SDGFDGSDFGSDFGSDF

RC NUMBER

SSSSSSS

REGISTRATION DATE

14 Mar 2026

CHASSIS NUMBER

DDFDGFDFD

ENGINE NUMBER

SDFSFDSDFSDF

INSURANCE POLICY DETAILS

POLICY NUMBER

FDSGDFD

INSURANCE COMPANY

ICICI Lombard

POLICY TYPE

Comprehensive

POLICY START DATE

11 Nov 1111

POLICY END DATE

10 Feb 2026

POLICY EXPIRY DATE

10 Feb 2026

IDV VALUE

22

VEHICLE CONDITION BEFORE

Excellent

CLAIM DETAILS

CLAIM TYPE

INCIDENT DATE

ESTIMATED DAMAGE

INCIDENT LOCATION

mandi

INCIDENT DESCRIPTION

This is my car.

DAMAGE AREAS

["Rear Bumper", "Front Bumper", "Left Side", "Right Side", "Roof"]

ADMIN NOTES & RECOMMENDATIONS

test

ATTACHED DOCUMENTS (2)

#	FILE NAME	TYPE
1.	Screenshot_10-2-2026_13054_192.168.29.191.jpeg	DAMAGE_PHOTOS
2.	Screenshot_10-2-2026_142727_localhost.jpeg	FIR