

Insurance Claim Report

CLM-2026-00015

SUBMITTED

CUSTOMER INFORMATION

FULL NAME

EMAIL ADDRESS

MOBILE NUMBER

test

test@gmail.com

sdfdasd

CITY

mandi

VEHICLE DETAILS

MAKE & MODEL

VARIANT

YEAR

toyota toyota

EDWDAS

2026

VEHICLE TYPE

FUEL TYPE

TRANSMISSION

COLOR

Hatchback

Petrol

Manual

black

USAGE TYPE

ODOMETER (KM)

Personal

98

REGISTRATION NUMBER

RC NUMBER

REGISTRATION DATE

SDGFDGSDFGSDFGSDF

SSSSSSS

10 Feb 2026

CHASSIS NUMBER (VIN)

ENGINE NUMBER

DDFDGFDFD

SDFSDFSDFSDF

INSURANCE POLICY DETAILS

POLICY NUMBER

INSURANCE COMPANY

POLICY TYPE

FDSGDFD

HDFC ERGO

Own Damage Only

POLICY START DATE

10 Feb 2026

POLICY END DATE

10 Feb 2026

POLICY EXPIRY DATE

10 Feb 2026

IDV VALUE

23

VEHICLE CONDITION BEFORE

Excellent

PREVIOUS ACCIDENT HISTORY

1 Previous Accident

CLAIM & INCIDENT DETAILS

CLAIM TYPE

Accident

INCIDENT DATE

10 Feb 2026

ESTIMATED DAMAGE

23

INCIDENT LOCATION

—

INCIDENT DESCRIPTION

This is my car.

DAMAGE AREAS

["Front Bumper", "Rear Bumper", "Left Side", "Right Side", "Hood/Bonnet", "Trunk/Boot"]

ADMIN NOTES & RECOMMENDATIONS

test

ATTACHED DOCUMENTS (6)

#	FILE NAME	TYPE
1.	Screenshot_10-2-2026_16255_192.168.29.191.jpeg	DAMAGE_PHOTOS
2.	Screenshot_10-2-2026_142727_localhost.jpeg	FIR
3.	Screenshot_10-2-2026_16255_192.168.29.191.jpeg	PAN_CARD
4.	Screenshot_10-2-2026_16255_192.168.29.191.jpeg	PAN_CARD
5.	Screenshot_10-2-2026_145947_.jpeg	AADHAAR

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