

Insurance Claim Report

CLM-2026-00010

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

Hatchback

FUEL TYPE

Petrol

TRANSMISSION

Manual

COLOR

black

USAGE TYPE

Personal

ODOMETER (KM)

12

REGISTRATION NUMBER

SDGFDGSDFGSDFGSDF

RC NUMBER

SSSSSSS

REGISTRATION DATE

10 Feb 2026

CHASSIS NUMBER

DDFDGFDFD

ENGINE NUMBER

SDFSFDSDFSDF

INSURANCE POLICY DETAILS

POLICY NUMBER

FDSGDFD

INSURANCE COMPANY

IFFCO Tokio

POLICY TYPE

—

POLICY START DATE

—

POLICY END DATE

—

POLICY EXPIRY DATE

10 Feb 2026

IDV VALUE

12

VEHICLE CONDITION BEFORE

Poor

PREVIOUS ACCIDENT HISTORY

2+ Previous Accidents

CLAIM DETAILS

CLAIM TYPE	INCIDENT DATE	ESTIMATED DAMAGE
Fire	10 Feb 2026	12
INCIDENT LOCATION	ERTWRTWER	
INCIDENT DESCRIPTION	This is my car.	
DAMAGE AREAS	["Front Bumper", "Rear Bumper", "Left Side", "Right Side", "Hood/Bonnet", "Trunk/Boot"]	

ADMIN NOTES & RECOMMENDATIONS

zxsdasd

ATTACHED DOCUMENTS (6)

#	FILE NAME	TYPE
1.	Screenshot 2026-02-04 100559.png	DAMAGE_PHOTOS
2.	Screenshot 2026-02-04 100509.png	FIR
3.	Screenshot 2026-02-04 100509.png	PAN_CARD
4.	Screenshot 2026-02-04 132045.png	PAN_CARD
5.	Screenshot 2026-02-04 132036.png	AADHAAR
6.	Screenshot 2026-02-04 132045.png	AADHAAR