

## INSURANCE CLAIM REPORT

CLM-2026-00008

Status: SUBMITTED

## Customer Information

FULL NAME  
**CLIENT**EMAIL  
**client@gmail.com**MOBILE  
**233232323**

## Vehicle Details

MAKE & MODEL  
**toyota toyota**YEAR  
**2026**COLOR  
**black**REGISTRATION NUMBER  
**SDGFDGSDFGSDFGSDF**CHASSIS NUMBER (VIN)  
**-**ENGINE NUMBER  
**SDFSDFSDFSDF**

## Insurance Policy Details

POLICY NUMBER  
**FDSGDFD**INSURANCE COMPANY  
**test**

POLICY TYPE

POLICY START DATE

POLICY END DATE

## Claim Details

CLAIM TYPE  
**Theft**INCIDENT DATE  
**10 Feb 2026**ESTIMATED DAMAGE  
**23**INCIDENT LOCATION  
**ERTWRTWER**

INCIDENT DESCRIPTION

test tes ttest test test test

## Attached Documents (4)

1. Screenshot 2026-02-04 100509.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 100509.png

PAN\_CARD

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