

Vehicle Insurance Claim Form

OFFICIAL CLAIM ASSESSMENT REPORT

Form Ref: INS-CLM-2026

CLM-2026-00012

Date: 10 Feb 2026

Source: Online Portal

Policy Expires: 10 Feb 2026

CLAIM STATUS: SUBMITTED

IMPORTANT NOTICE:

This is an official insurance claim document. Please review all information carefully before submission. False declarations may lead to claim rejection and legal action.

01 INSURED / CLAIMANT DETAILS

FULL NAME	EMAIL ADDRESS	MOBILE NUMBER
CLIENT	client@gmail.com	233232323
CITY / LOCATION		

02 VEHICLE DETAILS

VEHICLE MAKE	MODEL	VARIANT
maruti12	toyota	EDWDAS
YEAR	VEHICLE TYPE	FUEL TYPE
2026	Sedan	Petrol
TRANSMISSION	COLOR	USAGE TYPE
Automatic	black	Commercial
REGISTRATION NO.	RC NUMBER	REGISTRATION DATE
SDGFDGSDFGSDFGSDF	SSSSSSSS	30 Jan 2024
CHASSIS NUMBER (VIN)	ENGINE NUMBER	ODOMETER (KM)
DDFDFGDFD	12121212	12

03 INSURANCE POLICY DETAILS

INSURANCE COMPANY	POLICY NUMBER	POLICY TYPE
ICICI Lombard	FDSGDFD	Own Damage Only
POLICY START DATE	POLICY END DATE	IDV VALUE
22 Nov 2222	10 Feb 2026	111
VEHICLE CONDITION		
Excellent		
PREVIOUS ACCIDENT HISTORY		
Unknown		

04 INCIDENT & DAMAGE DETAILS

CLAIM TYPE

Accident

INCIDENT DATE

10 Feb 2026

EST. CLAIM AMOUNT

11

INCIDENT LOCATION

ERTWRTWER

INCIDENT DESCRIPTION

This is my car.

DAMAGE AREAS (AS ASSESSED)

["Front Bumper"]

"Rear Bumper"

"Left Side"

"Roof"

"Hood/Bonnet"

"Trunk/Boot"]

05 ATTACHED DOCUMENTS

#	DOCUMENT NAME	TYPE
1.	WhatsApp Image 2026-02-10 at 12.12.53 PM (1).jpeg	DAMAGE_PHOTOS
2.	pdi-16-test-3434-2026-02-10.pdf	FIR
3.	pdi-20-test-3434-2026-02-10.pdf	PAN_CARD
4.	pdi-20-test-3434-2026-02-10.pdf	PAN_CARD

06 INTERNAL NOTES (ADMIN USE)

INTERNAL NOTES & RECOMMENDATIONS

test

DECLARATION & AUTHORIZATION

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I authorize the processing of this insurance claim and understand that any false declaration may lead to claim rejection and potential legal action. I consent to the verification of all submitted documents.

I have read and agree to the declaration above.

Claimant Signature

Assessed By

Authorized Signatory

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_