

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

CLIENT

EMAIL ADDRESS

client@gmail.com

MOBILE NUMBER

233232323

CITY / LOCATION

—

02 VEHICLE DETAILS

VEHICLE MAKE

maruti12

MODEL

toyota

VARIANT

EDWDAS

YEAR

2026

VEHICLE TYPE

Sedan

FUEL TYPE

Petrol

TRANSMISSION

Automatic

COLOR

black

USAGE TYPE

Commercial

REGISTRATION NO.

SDGFDGSDFGSDFGSDF

RC NUMBER

SSSSSSS

REGISTRATION DATE

30 Jan 2024

CHASSIS NUMBER (VIN)

DDFDGFDFD

ENGINE NUMBER

12121212

ODOMETER (KM)

12

03 INSURANCE POLICY DETAILS

INSURANCE COMPANY

ICICI Lombard

POLICY NUMBER

FDSGDFD

POLICY TYPE

Own Damage Only

POLICY START DATE

22 Nov 2022

POLICY END DATE

10 Feb 2026

IDV VALUE

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_PHOTO
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: _____