

Insurance Claim Report

CLM-2026-00015

SUBMITTED

CUSTOMER INFORMATION

FULL NAME

test

EMAIL ADDRESS

test@gmail.com

MOBILE NUMBER

sdfdasd

CITY

mandi

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)

98

REGISTRATION NUMBER

SDGFDGSDFGSDFGSDF

RC NUMBER

SSSSSSSS

REGISTRATION DATE

10 Feb 2026

CHASSIS NUMBER (VIN)

DDFDFGD

ENGINE NUMBER

SDFSDFSDFSDF

INSURANCE POLICY DETAILS

POLICY NUMBER

FDSGD

INSURANCE COMPANY

HDFC ERGO

POLICY TYPE

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

