



### **Claim Intimation Details :**

**Insurer Claim No. : 40**

**Registered Date :**

**Reported By :**

**Reported Date :**

### **Policy Details :**

**Risk Note No. :**

**Cover Note No. :**

**Sum Insured :**

**Type of Policy :**

**Class of Policy :**

**Vehicle Information :**

**Sticker :**

### Vehicle Model :

Type of Vehicle :

### Claim Details :

Region :

**Place of Accident :**

**Type of Loss :**

**Intimation Type :**

**Circumstances of Accident :**

**Description of Injury (If any) :**

**Third Party Insurance Cover Information :**

Remarks (if any) :

**Police Report Matter :**

### **Driver Information :**

**Age : 40**

**Occupation :**

**Class/Type :**

**License Expiry :**

Issuing Authority :	
<b>Contact Person Details (On behalf of client) :</b>	
Name :	Mobile :
Address :	Email :

I the undersign hereby confirms that the above claim information provide by me is correct and authentic.

**Name**  
.....  
**Signature**.....