
Accident Claim Form

Claim ID: CLM-2025-01-0003-ACC

Policy Number: POL-400003

Insurance Start Date: 2025-01-27

Insurance Expiry Date: 2026-06-30

Incident Type: Head-on

Incident Date: 2025-09-17

Registration: MH 12 AB 4567

Location: Pune

RC No: RC-KA-798971

DL No: DL-KA-2025-968728

Injuries Reported: True

Estimated Damage Cost: -133734

Police Report Filed: True

Police Report No: PR-10003-ACC