

---

Accident Claim Form

---

Claim ID: CLM-2025-01-0053-ACC

Policy Number: POL-400053

Insurance Start Date: 2025-03-25

Insurance Expiry Date: 2026-10-07

Incident Type: Side swipe

Incident Date: 2025-10-11

Registration: MH 12 AB 4567

Location: Bengaluru

RC No: RC-RJ-693571

DL No: DL-RJ-2025-585811

Injuries Reported: True

Estimated Damage Cost: .285544

Police Report Filed: True

Police Report No: PR-10053-ACC