
Accident Claim Form

Claim ID: CLM-2025-01-0019-ACC

Policy Number: POL-400019

Insurance Start Date: 2025-02-15

Insurance Expiry Date: 2025-10-15

Incident Type: Side swipe

Incident Date: 2025-07-14

Registration: MH 12 AB 4567

Location: Bengaluru

RC No: RC-GJ-830116

DL No: DL-GJ-2025-636247

Injuries Reported: True

Estimated Damage Cost: -234557

Police Report Filed: True

Police Report No: PR-10019-ACC