
Accident Claim Form

Claim ID: CLM-2025-01-0093-ACC

Policy Number: POL-400093

Insurance Start Date: 2024-06-04

Insurance Expiry Date: 2025-07-27

Incident Type: Head-on

Incident Date: 2025-05-19

Registration: MH 12 AB 4567

Location: Chennai

RC No: RC-PB-133570

DL No: DL-PB-2025-930773

Injuries Reported: True

Estimated Damage Cost: -243246

Police Report Filed: True

Police Report No: PR-10093-ACC