



A. Policy & Claim Details

Claim ID:	
Policy Start Date:	
Claim Date:	

B. Insured Person Details

Full Name:	
Age:	
Premium Amount (INR):	
Sum Assured (INR):	
Annual Income (INR):	

C. Insurance & Channel Details

Insurance Channel:	
Fraud Category:	
Policy Number:	

D. Contact Information

Email Address:	
Phone Number:	

E. Declaration & Signature

I hereby declare that the information provided is accurate to the best of my knowledge.

Signature:	Date:
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