

## Insurance Claim Form

### Client Information

Client's Name: ashu

Birth Date: 2024-10-27

Sex: M

Telephone: asdf

Address: asdfd

City: asd

State: asf

ZIP Code: asdfkk

### Insurance Information

Insured's Name: asdfj

Policy Number: 869

Claim Code: asdf

### Damage Detection and Cost Estimation

Total Estimated Repair Cost: 473.83

Medium Deformation: 473.83

### Fraud Detection

Is Claim Fraudulent: No

### Additional Claim Details

Date of Illness/Injury: 2024-10-27

Unable to Work From: 2024-10-27

Unable to Work To: 2024-10-27

Hospitalization From: 2024-10-27

Hospitalization To: 2024-10-27

Total Charge: 0.0

Amount Paid: 0.0

Balance Due: 0.0

Signature and Authorization

Authorized Signature: ashok

Date of Claim: 2024-10-27