

# Insurance Claim Form

## Claimant Information:

Name: Priya Sharma

Policy Number: HL12378945

Contact: 9876543210, priya.sharma@example.com

## Incident Details:

Date of Incident: 2025-07-05

Location: Apollo Hospital, Chennai

Type of Incident: Hospitalization due to dengue fever

## Medical & Expense Details:

Hospital Stay: 5 days (2025-07-05 to 2025-07-10)

Expenses Incurred: Rs. 85,000

Bills Attached: Yes (scanned copies)

## Declaration:

I hereby declare that the information provided is true and accurate.

Signature: Priya Sharma