Claim Policy Check Document

Policy Holder Information

Policy Holder Name	_____
Policy Number	_____
Policy Type	_____
Policy Start Date	_____
Policy End Date	_____

Claim Eligibility Checklist

■ Policy is active on the date of incident
■ Claim type is covered under policy terms
■ Claim amount is within coverage limit
■ Required waiting period is completed
■ No exclusions or violations found

Documents Submitted

■ Policy document copy
■ ID proof of policy holder
■ Claim description
■ Bills / receipts / proof of loss
■ Photos / reports (if applicable)

Verification Result

■ Approved for claim processing
■ Rejected (Reason: _____)

Verified By: _____
Date: _____