

Insurance Compensation Claim Statement Form

1. Policy Holder Details

Full Name

Policy Number

Contact Number

Email Address

Address

2. Incident Details

Date of Incident

Location of Incident

Description of Incident

3. Claim Details

Claim Amount (Currency)

Description of Damage/Loss

4. Bank Details for Compensation

Bank Name

Account Number

Account Holder Name

IFSC / SWIFT Code

Declaration

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

Signature

Date