

Digit Claim form for your reference

If you need anything, call us at [1800-103-4448](tel:1800-103-4448)

Your Policy Details

Full Name	Policy Number
Mobile Number	Email
Address	
Aadhar Number	

Vehicle & Loss Details

Vehicle Registration Number	Vehicle Chassis Number	
	-	
Vehicle Make	Vehicle Model	
-	-	
Loss Date	Loss Time	Loss Location
-	-	
Loss Address		
Police Intimation	FIR Number	Police Station Name

Statement describing the circumstances leading to the accident

Description

Driver Details

Driver Name	Driver License Number	Driver Mobile Number
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Third-Party Details

Vehicle Registration Number	Driver Name	Owner Name
-	-	-
Damage Details		
-		
Injured Person Name	Injured Person Mobile Number	Type of Injury
-	-	-