

Required details as per the format mentioned below:

Particulars	Details
Policy number	
Date of Loss	
Card Number	
Type Of Card	
Saving Account Number	
Name of Insured / Deceased	
Address 1 / Flat,House no, Building, Company, Apartment	
Address 2 / Area,Colony,Street,Sector,village	
Address 3 / Landmark	
State	
City	
Pin code	
Mobile No	
Email id	
Nature of loss	
Claimant/Nominee Name(in Death cases)	
Loss Description / Remarks	
Estimated Loss / Claim Amount	