

Commercial Vehicle Insurance Claim Form (Sample)

Please complete all sections of this form to enable speedy processing of your commercial vehicle insurance claim.

A. Policy Information

Policy Number	<input type="text"/>	Insurance Company	<input type="text"/>
Policyholder (Business Name)	<input type="text"/>		

B. Insured Vehicle Details

Registration No.	<input type="text"/>	Make/Model	<input type="text"/>
Year	<input type="text"/>	Type of Vehicle	<input type="text"/>

C. Driver Details

Driver's Name	<input type="text"/>	License No.	<input type="text"/>
Date of Birth	<input type="text"/>	Contact Number	<input type="text"/>
Was the driver authorized to drive the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

D. Accident Details

Date & Time of Accident	<input type="text"/>	Location	<input type="text"/>
Description of Accident (Include weather, road, and traffic conditions)	<input type="text"/>		
Police Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report Number	<input type="text"/>

E. Damage to Insured Vehicle

Describe Damages	<input type="text"/>
Vehicle Location for Inspection	<input type="text"/>

F. Third Party Details (if applicable)

Name	<input type="text"/>	Contact	<input type="text"/>
Vehicle Reg. No.	<input type="text"/>	Insurance Company	<input type="text"/>

G. Declaration

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Authorized Signatory	<input type="text"/>	Date	<input type="text"/>
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Submit Claim

Note: Attach copies of driver's license, vehicle registration, police report, and repair estimates if available.