

Auto Insurance Claim Form Sample for Accident

Filing an **auto insurance claim** after an accident requires accurate and detailed information to ensure a smooth process. This sample form provides a clear template to document the accident specifics, vehicle details, and involved parties. Using a proper claim form helps expedite the approval and compensation process efficiently.

1. Policyholder Information

Full Name

Policy Number

Contact Number

Email Address

Address

2. Vehicle Information

Make

Model

Year

License Plate Number

Vehicle Identification Number (VIN)

3. Accident Details

Date of Accident

Time of Accident

Location of Accident**Description of Accident**

Describe how the accident occurred

Reported to Police?

Select 

Police Report Number (if applicable)**4. Other Party Information****Driver's Name****Contact Number****Vehicle Details (Make, Model, License Plate)****Insurance Company****Policy Number****5. Witness Information (if any)****Witness Name****Witness Contact Number****6. Damage Description****Describe Damage to Your Vehicle**

7. Declaration



I hereby declare that the above information is true and correct to the best of my knowledge.

Submit Claim