

Auto Insurance Statement Form - Accident Claims

This **auto insurance statement form** sample provides a clear and concise template for reporting accident claims. It helps policyholders accurately document essential details to facilitate smooth claim processing. Using this form ensures all relevant information is captured efficiently.

Policyholder Information

Full Name:

Policy Number:

Contact Number:

Email Address:

Accident Details

Date of Accident:

Time of Accident:

Accident Location:

Description of Accident:

Vehicle Information

Vehicle Make & Model:

License Plate Number:

Description of Damage:

Other Party Information (if applicable)

Name:

Contact Details:

Insurance Company:

Vehicle Make & Model:

Witness Information (if any)

Witness Name:

Witness Contact Number:



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

Submit Claim