Car Accident Claim Form

Filling out a **car accident claim form** accurately is essential for a smooth insurance process. This sample form helps guide you through providing all necessary details to support your claim. Timely and precise information ensures faster evaluation and settlement by the insurance company.

1. Policyholder Information

Full Name

Enter your full name

Policy Number

Enter your policy number

Contact Number

Phone number

Email Address

Email address

2. Vehicle Information

Vehicle Make & Model

e.g. Toyota Corolla

Registration Number

e.g. AB123CD

Year of Manufacture

YYYY

3. Accident Details

Date of Accident

Time of Accident

Accident Location

Describe location/address

Description of the Accident

Describe what happened

4. Damaged Parts

Part	Description of Damage
e.g. Front Bumper	e.g. Scratched, dented

5. Other Party Details (if applicable)

Name of Other Driver

[   ]

Contact Number

[   ]

Vehicle Details

[Make, model, registration number]

6. Supporting Documents

Attach copies/scans of the following (tick if attached):

☐
Police Report

☐
Accident Photos

☐
Driving License

☐
Vehicle Registration

7. Declaration

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

☐
I Agree

Date

[   ]

Signature

[Type your name   ]

Submit Claim