

Vehicle Insurance Claim Form (Sample - Accident)

Submitting a **filled vehicle insurance claim form** after an accident ensures a smooth and timely processing of your insurance benefits. This sample form guides you through detailing the incident, damages, and necessary personal information accurately. Properly completing the form helps avoid delays and facilitates prompt compensation from your insurer.

1. Policyholder Information

Policy Number:	POL12345678
Full Name:	John Doe
Contact Number:	+1 (555) 123-4567
Email Address:	johndoe@email.com
Address:	123 Maple Street, Springfield, CA 91010

2. Insured Vehicle Details

Vehicle Make & Model:	Toyota Corolla 2018
Vehicle Registration Number:	ABC-1234
Color:	Silver
Odometer Reading:	45,320 miles
VIN (Vehicle Identification No.):	1HGBH41JXMN109186

3. Accident Details

Date of Accident:	2024-05-11
Time of Accident:	14:40
Location:	Corner of Main St & Oak Ave, Springfield
Description of Accident:	While proceeding straight through a green light on Main St, another vehicle (license plate XYZ-9876) failed to yield and struck the front left side of my vehicle. No severe injuries, but both vehicles suffered visible damages. Police and ambulance were called to the scene.
Name of Police Officer & Report No.:	Officer Lisa Hayes, Report #2024-5632

4. Vehicle Damage Details

Part(s) Damaged:	Front bumper, left headlight, driver's side fender
Were photographs taken?	Yes (see attached)
Is the vehicle drivable?	No

5. Third Party Details (if applicable)

Name of Other Driver:	Sarah Smith
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Vehicle Make & Model (Third party):	Honda Civic 2021
Contact Number:	+1 (555) 890-1234
Insurance Company:	ABC Insurance

6. Declaration

I, John Doe, declare that the information provided above is true and correct to the best of my knowledge and I understand that any false statement may invalidate my claim.

Signature: John Doe

Date: 2024-05-12