

Motor Insurance Claim Form â€“ Personal Injury

Filing a **motor insurance claim** for personal injury requires accurate documentation to ensure a smooth process. This sample form provides a clear template to report essential details regarding the accident and injuries sustained. Using a well-structured claim form helps expedite compensation and support your case effectively.

1. Policyholder Details

Name:

Address:

Contact Number:

Email Address:

Policy Number:

2. Accident Details

Date of Accident:

Location:

Brief Description of Accident:

Police Report Number (if any):

3. Vehicle Details

Vehicle Make & Model:

Registration Number:

Driver's Name at Time of Accident:

Driver's License Number:

4. Injury Details

Injured Person Name	Relationship to Policyholder	Nature of Injury	Treatment Received / Hospital Details	Current Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

You may attach medical reports or additional pages if needed.

5. Additional Information

Names & Contacts of Witnesses (if any):

Other Insurance Coverage (if any):

Attachments (tick those enclosed):

Police Report

Medical Report

Photos of Accident/Injuries

Other Documents

6. Declaration

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

Date:

Signature:

Submit