

# Motor Insurance Claim Form – 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):**

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Police Report

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Medical Report

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Photos of Accident/Injuries

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Other Documents

## 6. Declaration

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

**Date:**

**Signature:**

Submit