

Third Party Vehicle Claim Form Sample

Use this **third party vehicle claim form sample** to accurately report accident details and initiate the claims process. It ensures all necessary information is documented for efficient insurance handling. Download and customize the form to suit your specific claim requirements.

Section 1: Policyholder Details

Full Name

Policy Number

Contact Number

Email Address

Section 2: Insured Vehicle Details

Vehicle Make

Vehicle Model

Registration Number

Year of Manufacture

Section 3: Third Party Details

Full Name

Contact Number

Vehicle Details

Vehicle Registration Number

Section 4: Accident Details

Date of Accident

Time of Accident

Accident Location

Description of Accident

Section 5: Police Report

Did the police attend?

Yes

Police Report Number

Section 6: Witness Information

Witness Name	Contact Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Declaration

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

Signature

Date