

# Filled Motor Claim Form Sample For Car Accident

This **filled motor claim form sample** provides a detailed example of how to accurately complete the documentation required after a car accident. It serves as a practical guide to ensure all necessary information is included for a smooth claim process. Using this sample can help expedite insurance approval and minimize errors.

## 1. Policyholder Details

**Name:** John Smith

**Address:** 123 Main Street, Springfield, IL 62704

**Contact Number:** (555) 123-4567

**Email:** john.smith@email.com

**Policy Number:** MA-987654

## 2. Vehicle Details

**Make & Model:** Toyota Camry SE

**Year:** 2022

**Registration No.:** ABC-1234

**Chassis Number:** JTNB11HK8N1234567

**Engine Number:** 2AR-FE1234567

## 3. Accident Details

**Date of Accident:** 2024-04-18

**Time:** 4:30 PM

**Location:** Intersection of Maple Ave & 2nd St, Springfield

**Description:** While driving through a green light, another vehicle ran a red light and collided with the right side of my car. Photo evidence attached. Police were called to the scene.

**Weather Conditions:** Clear

**Police Report Filed?:** Yes (Report No. SPD-224608)

## 4. Driver Details (if other than policyholder)

**Name:** N/A

**License Number:** N/A

**Contact Number:** N/A

## 5. Third Party Details

**Name:** Olivia Carter

**Vehicle Make & Model:** Honda Civic EX

**Registration No.:** XYZ-6789

**Insurance Company:** Springfield Auto Insurance

**Contact Number:** (555) 987-6543

## 6. Damage Details

**Parts Damaged:** Front right door, right fender, bumper

**Estimate of Repairs:** \$2,800

**Photos Attached:** Yes

## 7. Declaration

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

**Signature:** \_\_\_\_\_

**Date:** 2024-04-19