

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