

Motor Insurance Claim Form (Accident Damage) - Sample

Filing a **motor insurance claim form** for accident damage is essential to ensure timely compensation and repair. This sample form guides you through providing accurate details about the incident and your vehicle. Proper documentation helps expedite the claim process and reduces potential disputes.

1. Policy Holder Details

Policy Number:

Name of Policy Holder:

Contact Number:

Address:

2. Vehicle Details

Vehicle Registration Number:

Make and Model:

Year of Manufacture:

Color:

3. Accident Details

Date of Accident:

Time of Accident:

Place of Accident:

Description of Accident:

Description of Damages to Vehicle:

4. Third Party Details (if any)

Name of Third Party (if applicable):

Contact Number:

Third Party Vehicle Details:

5. Police Report

FIR/Police Report Number (if filed):

Police Station Name:

6. Declaration

I hereby declare that the above information is true to the best of my knowledge and belief.

Place	Date	Signature of Policy Holder
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Submit Claim](#)