

Personal Injury Accident Claim Form Sample

Use this **personal injury accident claim form sample** to accurately document the details of your incident for insurance or legal purposes. It helps ensure all relevant information is captured to support your claim effectively. Download and customize the form to fit your specific situation.

1. Claimant Details

Full Name

Address

Phone Number

Email

Date of Birth

2. Incident Details

Date of Accident

Time of Accident

Location

Description of Incident

3. Injury Details

Part(s) of Body Injured

Describe the Injuries Sustained

Medical Treatment Received

Were you hospitalized?

Select

4. Witness Information

Names of Witnesses (if any)

Contact Details of Witnesses

5. Insurance & Police Details

Insurance Provider

Policy Number

Was a Police Report Filed?

Name/Badge Number of Police Officer (if applicable)

6. Declaration

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

Signature

Date

Submit Claim