

Motor Claim Settlement Form (Own Damage)

The **Motor claim settlement form** sample for own damage helps vehicle owners efficiently report and process claims for damages caused to their own vehicle. This form ensures all necessary details about the incident and vehicle condition are accurately documented. Using a standardized sample simplifies the settlement process and speeds up claim approval.

1. Policy & Insured Details

Policy Number	<input type="text"/>
Insured Name	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
Address	<input type="text"/>

2. Vehicle Details

Vehicle Registration No.	<input type="text"/>
Make & Model	<input type="text"/>
Year of Manufacture	<input type="text"/>
Chassis Number	<input type="text"/>
Engine Number	<input type="text"/>

3. Incident Details

Date & Time of Incident	<input type="text"/>
Location of Incident	<input type="text"/>
Description of Incident	<input type="text"/>
Was FIR Filed?	<input type="radio"/> Yes <input type="radio"/> No

4. Damage Details

Parts Damaged	<input type="text"/>
Estimated Repair Cost	<input type="text"/>
Is Vehicle Drivable?	<input type="radio"/> Yes <input type="radio"/> No

5. Declaration

I, the undersigned, declare that the information provided is true and accurate to the best of my knowledge, and I understand that false information may lead to rejection of my claim.

Signature of Insured	<hr/>
Date	<hr/>

Submit Claim