

Motor Insurance Claim Form for Commercial Vehicles

Instructions: Complete all sections. Attach copies of relevant documents (e.g., driving license, RC, policy, FIR, repair bills).

Section 1: Policy & Insured Details

1. Policy Number			
2. Insured Name		3. Contact No.	
4. Address			
5. Email			

Section 2: Vehicle Details

6. Registration No.		7. Make & Model	
8. Year of Manufacture		9. Engine No.	
10. Chassis No.		11. Type of Permit	
12. Owner's Name			

Section 3: Accident / Loss Details

13. Date of Loss/Accident		14. Time	
15. Place of Accident			
16. Details of Incident			
17. Was FIR lodged?		18. FIR No./Date	
19. Name of Police Station			

Section 4: Driver's Details

20. Driver's Name		21. DL No.	
22. Issuing Authority		23. Valid Upto	
24. Driver's Contact No.			

Section 5: Garage / Repair Details

25. Name & Address of Workshop			
26. Estimate of Repairs (â,¹)		27. Workshop Contact No.	

Section 6: Declaration

I/We hereby declare that the above statements are true to the best of my/our knowledge and belief. I/We agree to provide any additional information or documentation as required. I/We understand that any false declaration may result in claim rejection or prosecution.

Name & Signature of Insured	Date

[Download this Motor Insurance Claim Form Sample \(PDF\)](#)

Use this template as a guideline to fill your actual insurance claim form. For official purposes, obtain the form from your insurance provider.