

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 (₹ 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.