

Sample Filled Vehicle Insurance Claim Form

This **sample filled vehicle insurance claim form** provides a clear example of how to accurately complete the document required when filing a claim. It includes essential details such as policy information, incident description, and personal data to ensure a smooth claims process. Using this sample can help avoid common mistakes and expedite your insurance settlement.

1. Policy Holder Information

Full Name: Jonathan M. Carter
Address: 4567 Hillcrest Drive, Apt. 12B, Springfield, IL 62704
Contact Number: (217) 555-7894
Email Address: jon.carter@email.com
Driver's License No.: D2456789102

2. Policy Details

Policy Number: AUT-93837482
Insurance Company: SafeWheels Insurance Co.
Type of Policy: Comprehensive Motor Insurance
Policy Period: 01/05/2023 to 30/04/2024

3. Vehicle Details

Make & Model: Toyota Camry 2022
Registration Number: IL 29C 7482
Chassis Number: JTNBE46KXA1234567
Engine Number: 3ZRF22455678
Odometer Reading: 17,320 miles

4. Incident Details

Date of Incident: 15/03/2024
Time of Incident: 14:30
Address/Location: Intersection of Main St. & 10th Ave, Springfield, IL
Type of Loss: Collision
Brief Description: While proceeding through a green light, another vehicle failed to yield and struck the driver's side. Police arrived and filed a report (Report #SP20240315-221). No major injuries reported. Vehicle was towed from the scene.
Police Report Filed: Yes
Police Report Number: SP20240315-221

5. Third Party Details (if any)

Name: Linda J. Moore
Contact Number: (217) 555-3217
Vehicle Make & Model: Honda Accord 2021

Registration Number:

IL 12X 3587

6. Declaration

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

Signature: Jonathan M. Carter

Date: 16/03/2024

Note: Attach supporting documents such as photographs of damage, repair estimates, and the official police report when submitting your claim.