

# 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: 3ZRFE22455678  
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.