

Car Insurance Claim Form (Sample - Accident)

Section 1: Policyholder Details

Policy Number:	1234567890
Name:	Johnathan Doe
Address:	124 Main Street, Springfield, IL 62701
Contact Number:	(555) 234-5678
Email:	j.doe@email.com

Section 2: Vehicle Details

Make & Model:	Honda Accord
Year:	2020
Registration Number:	XBC2345
VIN:	1HGCM82633A004352

Section 3: Accident Details

Date of Accident:	2024-05-15
Time:	08:45 AM
Location:	Intersection of Pine Ave & 5th St, Springfield, IL
Weather Conditions:	Clear, Dry
Description of Accident:	I was driving northbound on Pine Ave when another vehicle ran a red light and collided with the passenger side of my car. Both vehicles stopped immediately at the scene. No injuries reported.

Section 4: Vehicle Damage

- Passenger side doors dented and scratched
- Broken side mirror (passenger side)
- Minor frame distortion on passenger side
- Airbags did not deploy

Section 5: Other Party Information

Name:	Emily Smith
Contact Number:	(555) 876-4321
Vehicle Make & Model:	Toyota Camry 2018
Registration Number:	ZDE7890
Insurance Company:	SafeAuto Insurance
Policy Number:	9876543210

Section 6: Witness Information

Name:	Michael Dean
Contact Number:	(555) 222-3366
Statement:	Witnessed other party run the red light and collide with Johnathan Doe's vehicle.

Section 7: Police Report

- Reported to Springfield Police Department
- Report Number: SPD-2024-5136
- Officer Name: Officer Karen White

Section 8: Supporting Documents

- Copy of driver's license
- Vehicle registration
- Photographs of the accident scene and vehicle damage
- Police report copy

Policyholder Signature

Signature: _____

Date: 2024-05-15

Review this **filled car insurance claim form sample for accident** to understand the necessary details and documentation required after a vehicle collision. The sample provides a clear structure for reporting incident specifics, personal information, and damage descriptions. Use this example to ensure accuracy and completeness when submitting your own claim.