

Motor Claim Form Sample

Step-by-Step Instructions

1. Download or print this claim form.
2. Carefully fill in all required details in each section below.
3. Attach relevant supporting documents (e.g., police report, repair estimates, photos).
4. Sign and date the completed form.
5. Submit the form to your insurance provider via their preferred method (email, mail, or in person).

Tip: Incomplete information may delay your claim process. Double-check all entries before submission.

Section 1: Policyholder Details

Full Name

Policy Number

Contact Number

Email Address

Section 2: Vehicle Details

Vehicle Make/Model

Registration Number

Year of Manufacture

Section 3: Incident Details

Date of Incident

Location of Incident

Description of Incident

Was a police report filed? (Yes/No)

Section 4: Damage Details

Description of Vehicle Damage

Estimated Cost of Repairs (if known)

Section 5: Declaration

I declare that the information given above is true and correct to the best of my knowledge.

Signature

Date

Submit Claim