

# Motor Insurance Claim Form (Third Party Claims)

**Instructions:** Please fill out all sections accurately. Attach supporting documents where necessary.

## 1. Policyholder Details

Policy Number:	
Name:	
Address:	
Contact Number:	
Email:	

## 2. Insured Vehicle Details

Make & Model:	
Registration Number:	
Year of Manufacture:	
Chassis Number:	
Engine Number:	

## 3. Incident Details

Date of Accident:	__ / __ / ____
Time of Accident:	____ : ____
Location of Accident:	
Description of Accident:	

## 4. Third Party Details

Name:	
Address:	
Contact Number:	
Vehicle Registration Number (if applicable):	
Description of Damage/Injury:	

## 5. Police Details

Was the incident reported to police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Police Station Name:	
FIR/Report Number:	

6. Witnesses (if any)

Name:	
Contact Number:	

7. Declaration

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

Signature of Policyholder: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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Downloading a **motor insurance claim form** sample for third party claims helps you understand the required details and streamline the claim process. This form captures essential information about the incident and involved parties to ensure smooth processing. Using a sample ensures accuracy and faster claim settlement with your insurance provider.