

Car Insurance Claim Form Sample

Download our **car insurance claim form sample** complete with step-by-step instructions to simplify your filing process. This guide ensures you provide accurate information for a faster claim resolution. Use the sample to understand key details and avoid common mistakes when submitting your claim.

Instructions for Completing the Claim Form

- 1. Provide Policy Details:** Fill your policy number, insurer name, and effective coverage period.
- 2. Describe the Incident:** Clearly and accurately describe what happened, including location, time, and parties involved.
- 3. List All Damages and Losses:** Mention every visible damage and attach photos, if possible.
- 4. Include Witness Information:** Add names, addresses, and contact numbers of any witnesses.
- 5. Attach Supporting Documents:** Submit a copy of your driver's license, vehicle registration, and photos or sketches of the scene.
- 6. Review and Sign:** Double-check all information before signing and dating the form.

Sample Car Insurance Claim Form

1. Policyholder Information	
Policyholder Name:	<input type="text"/>
Policy Number:	<input type="text"/>
Contact Number:	<input type="text"/>
Email Address:	<input type="text"/>
2. Vehicle Information	
Vehicle Make & Model:	<input type="text"/>
Year:	<input type="text"/>
License Plate Number:	<input type="text"/>
VIN (Vehicle Identification Number):	<input type="text"/>
3. Accident/Incident Details	
Date & Time of Incident:	<input type="text"/> at <input type="text"/>
Location of Incident:	<input type="text"/>
Brief Description of Incident:	<input type="text"/> <input type="text"/>
Police Report Filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Officer Name/Badge No.:	<input type="text"/>
4. Third Party / Witness Information (if any)	
Name(s):	<input type="text"/>

Contact Details:	_____
Witness Statement:	_____ _____
5. Damage Description	
Describe Damage(s):	_____ _____
Estimate of Repair Cost (if known):	_____
6. Declaration & Signature	
I declare that all information provided is accurate to the best of my knowledge.	Signature: _____ Date: _____

Important: Double-check your form for accuracy. Incomplete or incorrect forms may delay claim processing.