

# Motor Insurance Claim Form Sample

Download this **motor insurance claim form sample** complete with a witness statement to streamline your claim process. This form ensures you provide all necessary details accurately for a faster resolution. Use it as a reliable template to document the incident and witness information efficiently.

1. Policyholder Details			
Full Name		Policy Number	
Address			
Phone Number		Email	

2. Vehicle Details			
Make/Model		Registration Number	
Year		Colour	

3. Incident Details			
Date of Incident		Time	
Location			
Description of Incident			

4. Other Party Details (if applicable)			
Name		Vehicle Registration	
Insurance Company		Phone	

5. Damage Description	
Damage to Your Vehicle	
Damage to Other Vehicles/Property	

6. Police Report			
Was the incident reported to police?	Yes / No	Report Number	
Police Station			

7. Witness Statement	
Full Name of Witness:	
<div></div>	

Contact Number:

Address:

Statement:

Signature of Witness:

Date:

8. Declaration

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

Signature of Policyholder:

Date: