

# 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:

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:**