

Vehicle Insurance Claim Form - Minor Collision

Filing a **vehicle insurance claim form** after a minor collision is a straightforward process designed to ensure prompt handling of damages. This sample form guides you through providing essential details such as accident description, vehicle information, and witness statements. Using a clear and concise form helps expedite the approval and repair process.

1. Policy Holder Information

Full Name:

Policy Number:

Contact Number:

Email Address:

2. Vehicle Details

Make:

Model:

Year:

License Plate Number:

3. Accident Details

Date of Collision:

Time:

Location:

Brief Description of Accident:

4. Other Party Information (if applicable)

Name:

Contact Number:

Insurance Company:

Vehicle Details (Make/Model/Plate):

5. Witness Information (if any)

Witness Name:

Contact Number:

6. Damage Description

Please describe the damage to your vehicle:

Attach Photos of Damage (if available):

Choose File

No file selected

☐

I declare that all information provided is true to the best of my knowledge.

Signature:

Date:

Submit Claim