

# Car Accident Claim Form Sample

Use this **car accident claim form sample** to accurately document injury details and ensure a smooth claims process. It helps capture essential information such as the nature of injuries, accident circumstances, and involved parties. Properly filled forms facilitate faster insurance settlements and legal support.

## 1. Personal Information

Full Name:

Address:

Phone Number:

Email:

## 2. Accident Details

Date of Accident:

Time of Accident:

Location of Accident:

Description of Accident:

## 3. Vehicle Information

Make & Model:

Registration Number:

Insurance Company:

Policy Number:

## 4. Injury Details

Were there any injuries?  Select

If yes, please describe the injuries:

Was medical attention sought?  Select

## 5. Other Parties Involved

Name:

Contact Information:

Insurance Details:

## 6. Witness Information

Name:

Contact Information:

7. Declaration

I declare that the information provided is accurate and complete to the best of my knowledge.

Signature:

Date:

**Submit Claim**