

# 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