

Car Accident Claim Form Sample (with Passenger Information)

Use this **car accident claim form sample** to accurately record essential details, including passenger information, after a collision. Completing this form promptly helps ensure all parties involved are properly documented for insurance and legal purposes. It streamlines the claims process by providing a clear and organized account of the incident.

1. Accident Details

Date of Accident:

Time of Accident:

e.g. 14:30

Location of Accident:

Description of Accident:

2. Your Vehicle Information

Vehicle Make & Model:

License Plate Number:

Driver's Name:

Driver's Contact Number:

Insurance Company:

Policy Number:

3. Other Vehicle Information (if applicable)

Vehicle Make & Model:

License Plate Number:

Driver's Name:

Driver's Contact Number:

Insurance Company:

Policy Number:

4. Passenger Information

Passenger Name	Contact Number	Seat Position	Injury Details (if any)
<div></div>	<div></div>	<div>e.g. Front passenger</div>	<div></div>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Witness Information

Witness Name:

Contact Number:

6. Police Report

Officer Name/Badge Number:

Police Report Number:

Station/Precinct:

7. Additional Comments

Submit Claim