

Motor Insurance Claim Form Sample (Filled Example)

Download our **motor insurance claim form sample** with a filled example to simplify your claim process. This easy-to-understand template guides you through submitting accurate information quickly. Ensure a hassle-free and efficient insurance claim experience by using our comprehensive sample.

1. Policyholder Details

Name: John Smith
Policy Number: MTR123456789
Address: 123 Maple Street, Springfield, IL 62704
Phone Number: (555) 123-4567
Email: john.smith@email.com

2. Vehicle Details

Make & Model: Toyota Camry 2020
Vehicle Reg. No.: XY123ZT
Chassis No.: JTNKARJE5LJ123456

3. Accident Details

Date of Accident: 2024-05-10
Time: 14:30
Location: 5th Avenue & Pine Street, Springfield
Description: Rear-ended by another vehicle while stopped at a red light. Minor bumper damage.

4. Other Party Details (if applicable)

Name: Jane Doe
Phone: (555) 987-6543
Vehicle Reg. No.: AB654CD

5. Police Report

Report Filed: Yes
Report Number: SPF24051067

6. Declaration

Signature: *John Smith*
Date: 2024-05-11

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