

Vehicle Insurance Loss Claim Form

1. Policy Holder Details

Policy Number

Full Name

Address

Phone Number

Email Address

2. Vehicle Details

Make

Model

Year

Registration Number

Chassis/VIN Number

3. Loss/Accident Details

Date of Loss/Accident

Time

Location of Incident

Describe the Incident

4. Driver Details (if different from Policy Holder)

Driver's Name

Driver's License Number

Driver's Phone

5. Damage Details

Describe the Damage to the Vehicle

Preferred Repairer/Service Center (if any)

6. Declaration



I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature

Date

Important Notes:

- Ensure all information provided is accurate and complete to prevent delays in claim processing.
- Attach copies of supporting documents (e.g., photos, police report, repair estimates) if available.
- Report the incident to your insurer as soon as possible after the loss or damage occurs.
- False declarations may lead to the rejection of your insurance claim.
- Keep a copy of the completed form for your records before submission.