

Vehicle Insurance Claim Statement

Policyholder Details

Name: _____

Policy Number: _____

Contact Number: _____

Email Address: _____

Address: _____

Vehicle Details

Make/Model: _____

Year: _____

Registration Number: _____

VIN (Chassis No.): _____

Incident Information

Date of Incident: _____

Time of Incident: _____

Location: _____

Description of Incident:

Party & Witness Information (if applicable)

Other Party Name/Contact: _____

Vehicle Details: _____

Witness Name/Contact: _____

Police Report (if applicable)

Report Number: _____

Investigating Officer: _____

Station: _____

Declaration

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

Signature: _____ Date: _____

Important Notes:

- Provide as much detail and supporting documentation as possible (e.g., photos, police report, repair estimates).
- Incomplete or inaccurate information may delay the processing of your claim.
- Notify your insurer as soon as possible after the incident.
- This form is for initial submission; additional information may be requested.