

# Classic Car Restoration Insurance Claim Form

## Policyholder Information

Full Name

Policy Number

Address

Phone Number

Email

## Vehicle Details

Make

Model

Year

VIN

## Restoration Information

Date of Restoration

Restoration Shop/Individual

Details of Restoration

## Claim Details

Date of Incident/Loss

Location of Incident

Description of Incident/Damage

Estimated Repair Cost

## Supporting Documents

Attach Photos/Documents  No file selected

## Declaration & Signature

Declaration

Signature

Date