

CONTOSO INSURANCE COMPANY AUTO INSURANCE CLAIM FORM

Claim Information: Claim Number: CLM-2025-004592 Policy Number: POL-AUTO-789012 Claim Date: January 18, 2025 Claim Type: Collision

Insured Party: Name: David Robert Martinez Address: 1234 Pine Street, Bellevue, WA 98004 Phone: (425) 555-0189 Email: d.martinez@email.com

Incident Details: Date of Incident: January 17, 2025 Time of Incident: 5:45 PM Location: Intersection of 4th Avenue and Main Street, Bellevue, WA Police Report Number: BPD-2025-001234

Description of Incident: While stopped at a red light at the intersection of 4th Avenue and Main Street, the insured vehicle was rear-ended by another vehicle. The other driver admitted fault at the scene. Minor injuries reported - neck stiffness and lower back pain.

Damage Assessment: Items Damaged: - Rear bumper (cracked and displaced) - Trunk lid (dented, misaligned) - Tail lights (both broken) - Rear sensors (non-functional)

Estimated Repair Cost: \$4,850.00 Deductible: \$500.00 Estimated Payout: \$4,350.00

Adjuster Information: Adjuster Name: Lisa Wong Adjuster ID: ADJ-5567 Assessment Date: January 19, 2025