

# Insurance Claim Form

Policy Number: A12345678

Claim Number: CLM-90872

Customer Name: John A. Smith

Address: 1234 Elm St, Springfield, IL

Date of Loss: 01/12/2025

Type of Loss: ☒ Auto ☐ Property ☐ Injury

Incident Description:

Rear-ended at a stop light, damage to rear bumper and trunk.

## Repair Items

Item	Quantity	Unit Price	Total
Rear Bumper Replacement	1	\$500	\$500
Trunk Repair	1	\$300	\$300
Paint & Labor	1	\$400	\$400

### Narrative:

Customer reports minor injuries, mainly vehicle damage.