

Insurance Claim Document

Policyholder Information:

Name: John Doe

Address: 123 Main St, Anytown, AN 12345

Contact Information: (555) 123-4567 / johndoe@email.com

Policy Number: POL-125367

Vehicle Information:

Make: Honda

Model: Civic

Year: 2010

VIN: 4576227

License Plate Number: 4674XYZ

Incident Information:

Date and Time of the Accident: 2024-01-29 14:09:04

Location of the Accident: Intersection of 5th and Main

Brief Description of the Accident: Collision with a tree on the right side of the road.

Weather and Road Conditions: Clear weather, dry road

Police Report Number: REP-68865

Other Involved Parties or Witnesses: None

Damage Information and Repair Estimate:

- Front Bumper: \$300 USD
- Hood: \$450 USD
- Front Grille: \$200 USD
- Headlights: \$250 USD
- Radiator: \$500 USD
- Engine Repair: \$1500 USD
- Front Fenders: \$350 USD
- Windshield: \$300 USD

Total Estimated Repair Cost: \$3850 USD

Declaration:

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

Signature: _____

Date: [Date]