

# **Auto Insurance Claim Document**

### **Customer Information**

Name John Smith
Address 1 Main Street, Boston, MA 02118

Phone Number +1 345 123 9684

Email J.Smith @61.60m

Policy Number TRI 1946 76189

### **Incident Information**

Date of Incident 1/1/2023
Time of Incident 1 pm EST
Location of Incident 20 Main Street, Boston, MA 02127
Description of Incident There was heavy traffic and a lot of snow was accumulating on the road. My car skid and hit a tree.

### **Vehicle Information**

Vehicle Owner's Name (if different from customer) NA

Make and Model of the Vehicle 2019 Cheurolet Malibu

Vehicle Identification Number (VIN) 1 G27 G58N174101001

License Plate Number J2M 1325

# Witnesses (if any)

Name of Witness Jane Smith
Contact Information of Witness 718 936 1243

### **Police Report (if filed)**

Police Report Number MSP 3514

Name of Reporting Officer Joe Woung

Police Department Contact Information 978 333 4134

### **Damage and Injuries**

Injuries Sustained Concussion and bruises

#### **Additional Comments**

The car tyres were new and breaks were operational. This incident occured due to bad weather

# Claim Filed by self?

♦ Yes ○ No

The above information is correct to the best of my knowledge, and I agree with the Terms and Conditions detailed in my policy document with TR Insured.

**B** 

2/2/2023

**Signature** 

**Date**