



TR INSURED

A Test P&C INSURANCE Company

Auto Insurance Claim Document

Customer Information:

- **Name:** Robert Frost
- **Address:** 100 Main Street, Lawrence, MA 01841
- **Phone Number:** +1 231 435 5612
- **Email:** dummy5@5.com
- **Policy Number:** TRI 029471329

Incident Information:

- **Date of Incident:** 8/02/2023
- **Time of Incident:** 5pm est
- **Location of Incident:** 2 Wood Street, Lawrence, MA 01841
- **Description of Incident:** Two roads diverged in a wood, and I—I took the one less traveled by, And that has made all the difference. The other party was also doing the same and we both collided head on.

Vehicle Information:

- **Vehicle Owner's Name (if different from customer):** NA
- **Make and Model of Vehicle:** 1992 Subaru Legacy
- **Vehicle Identification Number (VIN):** JF1BJ6532NK903473
- **License Plate Number:** 1ZYT 22

Witnesses (if any):

- **Name of Witness 1:**

- **Contact Information of Witness 1:**
- **Name of Witness 2:**
- **Contact Information of Witness 2:**

Police Report (if filed):

- **Police Report Number:** MSP 2342
- **Name of Reporting Officer:** Ralph Waldo Emerson
- **Police Department Contact Information:** +1 230 736 6268

Damage and Injuries:

- **Extent of Vehicle Damage:** The front of the car broke, and all parts in the front are damaged.
- **Injuries Sustained:** Concussion and bruises.

Additional Comments:

- I have miles to go before I sleep. So, I need a rental car as soon as possible.