



TR INSURED

A Test P&C INSURANCE Company

Auto Insurance Claim Document

Customer Information

Name Jenifer Jones
Address 1 Washington Street, New York City, NY 10003
Phone Number +1 123 456 7890
Email dummy2@2.com
Policy Number TR1 987654321

Incident Information

Date of Incident 1/31/2023
Time of Incident 11 pm EST
Location of Incident 2 Pine Street, New York City, NY 10004
Description of Incident Head on collision with oncoming car which was trying to take turn when I was going straight

Vehicle Information

Vehicle Owner's Name (if different from customer) NA
Make and Model of the Vehicle 2012 Toyota Scion Xd
Vehicle Identification Number (VIN) JTKKU4B41C1023346
License Plate Number FUL-6482

Witnesses (if any)

Name of Witness

Joan Row

Contact Information of Witness

+1 098 767 0193

Police Report (if filed)

Police Report Number

NYPD 0194

Name of Reporting Officer

Daniel Defoe

Police Department Contact Information

+1 980 765 1234

Damage and Injuries

Extent of Vehicle Damage

Car totaled. Front of Car completely damaged.

Injuries Sustained

Have neck injury & concussion

Additional Comments

It was raining.

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.

J Jones

Signature

1/31/2023

Date