



TR INSURED

A Test P&C INSURANCE Company

Auto Insurance Claim Document

Customer Information

Name Joe Smo
Address 1 Main Street, New York City, NY 10001
Phone Number +1 132 546 8790
Email dummy1@1.com
Policy Number TRI 012345678

Incident Information

Date of Incident 1/1/2023
Time of Incident 12 pm EST
Location of Incident 2nd Main Street, New York City, NY 10003
Description of Incident Someone hit the back of the parked car and ran away

Vehicle Information

Vehicle Owner's Name (if different from customer) NA
Make and Model of the Vehicle 2010 Lexus IS 350C
Vehicle Identification Number (VIN) JTHFE2C24A2504933
License Plate Number GDT 2058

Witnesses (if any)

Name of Witness Jane Smo
Contact Information of Witness +1 978 645 8899

Police Report (if filed)

Police Report Number NYPD 1234
Name of Reporting Officer Catch Ali
Police Department Contact Information +1 980 765 1234

Damage and Injuries

Extent of Vehicle Damage Dent in the back ~~of~~ bumper and
the trunk. Back lights broken
Injuries Sustained few bruises

Additional Comments

I was not in car when accident occurred.

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.

Jane Smo

Signature

1/1/2023

Date