



TR INSURED

A Test P&C INSURANCE Company

Auto Insurance Claim Document

Customer Information

Name *Lori Czerniawski*
Address *496 West Main Street, Waterbury, Durham, CT 16314*
Phone Number *203 169 4964*
Email *lori.Czerniawski@10.com*
Policy Number *TRI 123 312 964*

Incident Information

Date of Incident *10/10/2023*
Time of Incident *12 noon EST*
Location of Incident *Waterbury Street*
Description of Incident *I was taking right turn at junction when a car from behind rear ended my car.*

Vehicle Information

Vehicle Owner's Name (if different from customer) *Self*
Make and Model of the Vehicle *2022 Audi A4*
Vehicle Identification Number (VIN) *1GXYT136X4F337844*
License Plate Number *GXT 9889*

Witnesses (if any)

Name of Witness *Li Wei*

Contact Information of Witness

Police Report (if filed)

Police Report Number *CSP 0103*

Name of Reporting Officer *Kumar Gaurav*

Police Department Contact Information *101 366 1919*

Damage and Injuries

Extent of Vehicle Damage *Front of my vehicle dented. No issues with rear*

Injuries Sustained *No injuries*

Additional Comments

Lot of traffic at the traffic light

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.

lc

Signature

10/10/23

Date