



TR INSURED

A Test P&C INSURANCE Company

Auto Insurance Claim Document

Customer Information:

- **Name:** Jenifer Jones
- **Address:** 1 Washinton Street, New York City, NY 10003
- **Phone Number:** +1 123 456 7890
- **Email:** dummy2@2.com
- **Policy Number:** TRI 987654321

Incident Information:

- **Date of Incident:** 1/31/2023
- **Time of Incident:** 11pm est
- **Location of Incident:** 2 Pine Street, New York City, NY 1004
- **Description of Incident:** Head on collision with oncoming car which was trying to take left turn when I had right of way and going straight at the traffic intersection

Vehicle Information:

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

Witnesses (if any):

- **Name of Witness 1:** Joan Row

- **Contact Information of Witness 1:** +1 098 867 0193
- **Name of Witness 2:**
- **Contact Information of Witness 2:**

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:** Customer has neck injury and concussion

Additional Comments:

- It was raining.