

Insurance Claim Form

Claimant Name	John Doe
Policy Number	US-PL-784213-09
Incident Date	2025-12-20
Claim Amount	\$4,850.00

Incident Description

Rear-end collision at an intersection in Marysville, OH during light snow. Vehicle (2019 Toyota Camry) sustained bumper and tailgate damage. No injuries reported; police report filed.

Policy Coverage Details

Coverage Type	Personal Auto Policy (PAP)
Liability Bodily Injury	\$100,000 per person / \$300,000 per accident
Liability Property Damage	\$100,000 per accident
Collision	Deductible: \$500
Comprehensive	Deductible: \$250
Uninsured/Underinsured Motorist	\$100,000 per person / \$300,000 per accident
Medical Payments	\$5,000
Rental Reimbursement	\$40 per day (max 30 days)
Roadside Assistance	Included

This document is generated for demonstration purposes.