

---

---

## INSURANCE CLAIM FORM - SAMPLE DOCUMENT FOR TESTING

---

---

### CLAIM INFORMATION

---

Claim Number: CLM-2024-001234

Date of Loss: January 15, 2024

Claim Type: Auto Accident

Claim Status: New Submission

### POLICYHOLDER INFORMATION

---

Name: John Michael Davis

Policy Number: POL-2024-567890

Phone: (555) 123-4567

Email: john.davis@email.com

Address: 123 Maple Drive, Springfield, IL 62701

### INCIDENT DETAILS

---

Location: Intersection of Main Street and Oak Avenue, Springfield, IL 62701

Date & Time: January 15, 2024 at 2:30 PM

Vehicle: 2023 Honda Accord

VIN: 1HGCV1F32PA123456

License Plate: ABC-1234

### ACCIDENT DESCRIPTION

---

On January 15, 2024, at approximately 2:30 PM, I was driving my 2023 Honda Accord northbound on Main Street approaching the intersection with Oak Avenue. The traffic light was green in my direction.

As I entered the intersection, another vehicle (2022 Toyota Camry, License Plate XYZ-5678) ran the red light and struck the passenger side of my vehicle with significant force.

The impact was severe:

- The front right passenger door was crushed inward
- The right front fender sustained major damage
- The right quarter panel is dented and misaligned
- The airbags deployed on the passenger side
- The vehicle sustained frame damage and is currently not drivable

I immediately pulled over and called 911. Emergency medical services arrived and provided assistance. Police arrived and filed an incident report (Report #2024-45678).

### INJURIES

---

Minor injuries sustained:

- Chest contusion from airbag deployment
- Neck strain

- Left arm abrasion

Treated at Springfield Urgent Care on January 15, 2024

## DAMAGES AND COSTS

---

Vehicle Repair Estimate (ABC Auto Body Shop):

Parts: \$5,200.00

Labor: \$3,000.00

Paint and finishing: \$300.00

Total: \$8,500.00

Additional Expenses:

Rental vehicle (5 days @ \$75/day): \$375.00

Urgent care medical bill: \$450.00

Police report copy: \$25.00

Total Claim Amount: \$9,350.00

Insurance Deductible: \$500.00

Net Claim Request: \$8,850.00

## SUPPORTING DOCUMENTATION

---

- Police Report #2024-45678 (official incident report)
- Repair Estimate from ABC Auto Body Shop (itemized)
- Photos of vehicle damage (12 photos showing all angles)
- Medical treatment records from Springfield Urgent Care
- Rental car receipt and invoice
- Other driver's insurance information and contact details
- Witness statements (2 witnesses provided statements)
- Photos of the accident scene

## OTHER DRIVER INFORMATION

---

Name: Robert James Thompson

Vehicle: 2022 Toyota Camry

License Plate: XYZ-5678

Insurance: XYZ Insurance Company

Policy Number: XYZ-POL-654321

Insurance Adjuster: Margaret Wilson, (555) 987-6543

## WITNESS INFORMATION

---

Witness 1:

Name: Sarah Michelle Johnson

Phone: (555) 234-5678

Occupation: Teacher

Witness 2:

Name: Robert Chen

Phone: (555) 345-6789

Occupation: Engineer

Both witnesses signed statements confirming that the other vehicle ran the red light and was at fault for the accident.

## DECLARATION

---

I certify that the information provided in this claim is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of the claim and legal prosecution under applicable state and federal laws.

The incident occurred as described, and I have provided all relevant documentation and evidence in support of this claim.

Signature: John Michael Davis

Date: January 20, 2024

---

---

---

This is a sample insurance claim document for testing NLP integration.

Generated: January 2, 2026

---

---

---