

AUTO INSURANCE CLAIM FORM

Claim Date: 2023-11-15
Policy Number: POL-45678
Coverage Type: Basic
Customer ID: CUST-001

POLICYHOLDER INFORMATION

Name: John Smith
Phone: 555-123-4567
Email: john.smith@example.com

VEHICLE INFORMATION

Make: Toyota
Model: Camry
Year: 2020
VIN: 1HGCM82633A123456

INCIDENT DETAILS

Date of Incident: 2023-11-10
Location: Intersection of Main St and 5th Ave, Anytown, USA
Description: While stopped at a red light, my vehicle was struck from behind by another vehicle.

DAMAGE DESCRIPTION

Rear bumper damaged, tail light broken, possible trunk alignment issues.
Estimated repair cost: \$2,200

I hereby declare that the information provided is true and accurate to the best of my knowledge.