

AUTO INSURANCE CLAIM FORM

Claim ID: CLAIM-2025-001

Policy Information:

Policy Number: AUTO-1234-5678

Customer ID: CUST-001

Date of Filing: 2025-10-01

Vehicle Information:

Make: Toyota

Model: Camry

Year: 2022

VIN: 1HGCM82633A123456

Current Mileage: 28,450

Incident Details:

Date of Incident: 2025-10-01

Time of Incident: 14:30

Location: 123 Main Street, Boston, MA 02108

Weather Conditions: Clear

Description of Incident: Rear-ended at stoplight by another vehicle

Damage Description:

- Rear bumper severely dented
- Tail lights damaged
- Trunk misaligned
- Minor scratches on rear quarter panel

Driver Information:

Name: John Smith

License Number: MA12345678

Contact Phone: (617)555-0123

Email: john.smith@email.com