**CONFIDENTIAL**

**ACME INSURANCE**

*Claims Investigation Report*

CLAIM UNDER INVESTIGATION

**Automobile Collision Claim Report**

**CLAIM SUMMARY**

Claim Number: {{ claim\_number }}

Date Reported: {{ date\_reported }}

Assigned Adjuster: {{ adjuster\_name }}

Policy Number: {{ policy\_number }}

Loss Type: {{ loss\_type }}

Status: {{ status }}

**INSURED INFORMATION**

Name: {{ insured\_name }}

Address: {{ insured\_address }}

Phone: {{ insured\_phone }}

Vehicle: {{ vehicle\_details }}

VIN: {{ vehicle\_vin }}

License Plate: {{ license\_plate }}

**INCIDENT DETAILS**

Date of Loss: {{ date\_of\_loss }}

Time of Loss: {{ time\_of\_loss }}

Location: {{ location }}

Vehicles Involved: 2 vehicles

Weather Conditions: {{ weather\_conditions }}

Road Conditions: {{ road\_conditions }}

Traffic Control: Traffic Signal

Type of Accident: {{ accident\_type }}

**OTHER PARTY INFORMATION**

Insurance Company: {{ other\_party\_insurance }}

Policy Number: {{ other\_party\_policy }}

Contact Status: Pending - Information requested from {{ other\_party\_insurance }}

**LAW ENFORCEMENT REPORT**

Report Filed: Yes

Agency: {{ police\_agency }}

Report ID: {{ police\_report\_id }}

Report Status: Requested - Pending Receipt

**INSURED'S INITIAL STATEMENT**

*"{{ insured\_statement }}"*

*Statement taken on: {{ date\_of\_loss }} at 2:30 PM  
Taken by: {{ adjuster\_name }}, Claims Adjuster*

**PRELIMINARY DAMAGE ASSESSMENT**

Vehicle Condition: {{ vehicle\_condition }}

Primary Damage Area: {{ damage\_area }}

Towing Required: Yes - Vehicle towed to {{ towing\_location }}

Estimated Repair Cost: Pending Professional Inspection

Total Loss Potential: {{ total\_loss\_potential }}

**IMMEDIATE ACTION ITEMS**

**{{ date\_of\_loss }}**

Initial claim reported and documented

**July 29, 2024**

Police report requested from Austin PD

**July 30, 2024**

Schedule vehicle inspection at {{ towing\_location }}

**August 1, 2024**

Contact other party's insurance ({{ other\_party\_insurance }})

**August 2, 2024**

Review police report when available

**August 5, 2024**

Determine liability and coverage decisions

**COVERAGE ANALYSIS**

Collision Coverage: ✓ {{ collision\_coverage }}

Comprehensive: ✓ {{ comprehensive\_coverage }}

Rental Car: ✓ {{ rental\_coverage }}

Policy Status: ✓ Current and in good standing

**ADJUSTER NOTES**

**Initial Assessment:**

**Next Steps:**

**Adjuster Information:**

{{ adjuster\_name }}, Licensed Claims Adjuster  
Texas License #: {{ adjuster\_license }}  
Phone: {{ adjuster\_phone }}  
Email: {{ adjuster\_email }}

**ACME Insurance Company**

Claims Department  
1234 Insurance Boulevard, Suite 200  
Dallas, TX 75201  
24/7 Claims Hotline: 1-800-ACME-CLAIM

**CONFIDENTIAL:** This document contains confidential information and is intended solely for authorized personnel. This is a sample claim report created for demonstration purposes only.  
  
Report Generated: June 4, 2025 | Report ID: CR-{{ claim\_number }}-001