

Insurance Claim Report

Claim Number: CLM-2025-TEST-001

Date of Submission: July 1, 2025

Insurance Provider: Sample Insurance Co.

Policy Number: POL-123456789

Claimant Information

- **Name:** John A. Doe
- **Address:** 123 Main Street, Springfield, IL 62701, USA
- **Phone:** (555) 123-4567
- **Email:** johndoe@example.com
- **Policyholder Name (if different):** N/A

Incident Details

- **Date of Incident:** June 25, 2025
- **Time of Incident:** 3:30 PM CDT
- **Location of Incident:** Intersection of 5th St. and Elm St., Springfield, IL
- **Type of Claim:** Auto Insurance – Collision
- **Description of Incident:**

On June 25, 2025, at approximately 3:30 PM, the claimant's vehicle (2019 Toyota Camry, VIN: 4T1BF1FK2KU123456) was struck on the driver's side by another vehicle (2020 Honda Civic, VIN: 2HGFC2F69LH123456) at the intersection of 5th St. and Elm St. The other driver failed to yield at a stop sign, resulting in a side-impact collision. The claimant's vehicle sustained damage to the driver's side door and front fender. No injuries were reported at the scene. A police report (Report #SP-2025-0625-001) was filed, and photos of the damage are attached.

Damage Information

- **Property Damaged:** 2019 Toyota Camry
- **Description of Damage:**
 - Driver's side door: Large dent, scratches, and cracked side mirror
 - Front fender: Minor dent and paint scratches
- **Estimated Repair Cost:** \$3,500 (based on initial assessment by Springfield Auto Repair Shop) Current Location of Damaged Property: Springfield Auto Repair Shop, 456 Oak St., Springfield, IL 62701

Other Party Involved

- **Name:** Jane B. Smith
- **Address:** 789 Pine St., Springfield, IL 62702
- **Phone:** (555) 987-6543
- **Insurance Provider:** Other Insurance Co.
- **Policy Number:** POL-987654321
- **Vehicle Details:** 2020 Honda Civic, VIN: 2HGFC2F69LH123456

Witness Information

- **Name:** Michael R. Brown
- **Contact:** (555) 456-7890
- **Statement:** Witness observed the other vehicle failing to stop at the stop sign, causing the collision.

Supporting Documents

- **Police Report:** SP-2025-0625-001
- **Photos of Damage:** 5 images (to be attached)
- **Repair Estimate:** Springfield Auto Repair Shop, dated June 26, 2025
- **Claimant's Driver's License:** Copy attached

Claimant Statement

I certify that the information provided in this claim report is true and accurate to the best of my knowledge. I am seeking coverage for the repair costs of my vehicle as per the terms of my insurance policy.

Signature: _____

Date: July 1, 2025

Insurance Company Contact Information

Sample Insurance Co.
Claims Department
100 Insurance Way, Springfield, IL 62701
Phone: (800) 555-1234
Email: claims@sampleinsuranceco.com