

INSURANCE CLAIM FORM

Claim Number: CLM-EXCESS-005

Policy Number: AUTO-111000-IL

Claim Amount: \$25,000.00

Incident Type: Auto

Incident Date: 2025-09-23

Report Date: 2025-09-25

INSURED INFORMATION

Name: David Thompson

Address: 987 Lake Shore Drive, Chicago, IL 60601

Phone: (312) 555-3456

INCIDENT DESCRIPTION

Multi-vehicle accident on the highway during rush hour. My vehicle was struck multiple times by different vehicles. The collision was severe and affected all occupants of my vehicle.

INJURIES REPORTED

David Thompson: Serious - Neck whiplash, back strain, shoulder injury

Passenger Mary Thompson: Serious - Head contusion, whiplash, wrist sprain

Passenger Tim Thompson: Moderate - Multiple soft tissue injuries, ankle sprain

Passenger Amy Thompson: Moderate - Neck strain, knee injury, bruising

Passenger Kevin Thompson: Moderate - Shoulder strain, elbow injury

Passenger Susan Thompson: Minor - Minor cuts, soft tissue damage

ADDITIONAL INFORMATION

All six occupants of the vehicle are seeking extensive medical treatment. The witness to the accident is unavailable. Some injuries may be related to pre-existing conditions.