

INSURANCE CLAIM FORM

Claim Number: CLM-SUSP-003

Policy Number: AUTO-555444-FL

Claim Amount: \$15,000.00

Incident Type: Auto

Incident Date: 2025-09-21

Report Date: 2025-09-23

INSURED INFORMATION

Name: Robert Chen

Address: 321 Beach Road, Miami, FL 33101

Phone: (305) 555-4567

INCIDENT DESCRIPTION

While driving on I-95, another vehicle merged into my lane without signaling and struck the passenger side of my vehicle. The damage was extensive. A witness saw the entire incident but left before I could get their contact information. The witness is unavailable to provide a statement.

INJURIES REPORTED

Robert Chen: Serious - Multiple injuries including back strain

Passenger Jane Chen: Moderate - Shoulder and neck whiplash

ADDITIONAL INFORMATION

I should mention that I had a previous accident in a similar location about 6 months ago. Some of my current injuries may be related to pre-existing conditions from that incident. This is actually a similar claim to one I filed last year with a different insurance company.