

INSURANCE CLAIM FORM

Claim Number: CLM-INCON-002

Policy Number: AUTO-777666-TX

Claim Amount: \$12,500.00

Incident Type: Auto

Incident Date: 2025-09-28

Report Date: 2025-09-30

INSURED INFORMATION

Name: Sarah Martinez

Address: 789 Pine Avenue, Houston, TX 77001

Phone: (713) 555-8901

INCIDENT DESCRIPTION

I was stopped at a traffic light when suddenly my vehicle was impacted from behind by another vehicle. The other driver was clearly moving too fast for the conditions. I had clear visibility of the entire intersection. There were no injuries at the scene.

INJURIES REPORTED

Sarah Martinez: Moderate - Whiplash and neck injury requiring medical attention

ADDITIONAL INFORMATION

After further reflection, I remember the weather was poor and I couldn't see very well. The impact happened while I was still moving slowly. I later discovered I had sustained injuries that weren't immediately apparent.