

# INSURANCE CLAIM FORM

**Claim Number:** CLM-COMBO-006

**Policy Number:** AUTO-888999-GA

**Claim Amount:** \$18,500.00

**Incident Type:** Auto

**Incident Date:** 2025-08-29

**Report Date:** 2025-10-01

## INSURED INFORMATION

**Name:** Patricia Rodriguez

**Address:** 159 Peachtree Street, Atlanta, GA 30301

**Phone:** (404) 555-6789

## INCIDENT DESCRIPTION

I was stopped at a red light when another vehicle struck my car from behind. The impact was significant. I could see clearly that the other driver was at fault. There were no immediate injuries at the scene. The witness who saw everything is unavailable to provide a statement.

## INJURIES REPORTED

**Patricia Rodriguez:** Serious - Severe whiplash and soft tissue damage to neck and shoulders

**Passenger Carlos Rodriguez:** Serious - Multiple soft tissue injuries including back sprain

**Passenger Maria Rodriguez:** Moderate - Whiplash and neck strain

**Passenger Anna Rodriguez:** Moderate - Shoulder and back soft tissue injuries

**Passenger Luis Rodriguez:** Moderate - Neck strain and lower back sprain

**Passenger Sofia Rodriguez:** Minor - Minor soft tissue damage

## ADDITIONAL INFORMATION

I apologize for the delay in reporting - I was dealing with personal issues and couldn't file immediately. After the accident, I realized I couldn't see very well due to poor lighting conditions, and I was actually still moving when hit. Several of the injuries may be related to pre-existing conditions from a previous accident. This is similar to a claim I filed 8 months ago. Multiple injuries across all passengers require medical attention. The witness is

unavailable.