

# INSURANCE CLAIM FORM

**Claim Number:** CLM-LATE-001

**Policy Number:** AUTO-999888-CA

**Claim Amount:** \$8,500.00

**Incident Type:** Auto

**Incident Date:** 2025-08-19

**Report Date:** 2025-10-03

## INSURED INFORMATION

**Name:** Michael Johnson

**Address:** 456 Oak Street, Los Angeles, CA 90001

**Phone:** (310) 555-2468

## INCIDENT DESCRIPTION

On the date of the incident, I was driving my 2018 Honda Accord westbound on Main Street when another vehicle ran a red light and struck my vehicle on the driver's side. The other driver was clearly at fault. My vehicle sustained significant damage to the door and frame. I was unable to report this earlier due to traveling out of the country for business.

## INJURIES REPORTED

**Michael Johnson:** Moderate - Lower back pain and neck strain

## ADDITIONAL INFORMATION

I have photos of the damage and the other driver admitted fault at the scene.