

INSURANCE CLAIM FORM

Claim Number: CLM-SOFT-004
Policy Number: AUTO-333222-NY
Claim Amount: \$9,500.00
Incident Type: Auto
Incident Date: 2025-09-25
Report Date: 2025-09-26

INSURED INFORMATION

Name: Jennifer Williams
Address: 654 Broadway, New York, NY 10001
Phone: (212) 555-7890

INCIDENT DESCRIPTION

I was rear-ended while waiting at a stoplight. The impact was moderate but caused significant discomfort. All occupants of my vehicle complained of pain following the collision.

INJURIES REPORTED

Jennifer Williams: Moderate - Severe whiplash and neck strain
Passenger Tom Williams: Moderate - Lower back sprain and soft tissue damage
Passenger Lisa Williams: Minor - Neck strain and shoulder soft tissue injury
Passenger Bobby Williams: Minor - Upper back sprain

ADDITIONAL INFORMATION

All passengers are seeking medical treatment for soft tissue injuries. No visible injuries were present at the scene.