

MOTOR INSURANCE CLAIM FORM

Claim Number: CLM-2024-001234

Date of Report: 2024-09-10

SECTION 1: POLICY INFORMATION

Policy Number: POL-2024-567890

Insured Name: John Michael Smith

Phone Number: (555) 123-4567

Email: john.smith@email.com

SECTION 2: INCIDENT DETAILS

Date of Loss: 2024-09-08

Time of Loss: 2:30 PM

Location: Intersection of Main St and Oak Ave, Springfield, IL

Description: Rear-end collision at traffic light. Other driver failed to stop.

SECTION 3: VEHICLE INFORMATION

Year/Make/Model: 2022 Toyota Camry

License Plate: ABC-123-DE

VIN: 1HGCM82633A123456

Estimated Damage: \$3,500

CERTIFICATION

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: John M. Smith

Date: 2024-09-10

This is a sample document for testing purposes only. All information is fictional.