

# AUTO CLAIM FORM #1

**BlueRiver Mutual**

## SECTION 1 – CLAIMANT INFORMATION

Name: Jon Mor  
Account Number: ACC9900057  
Address: 100 Main Street, Sample City, ST 90000  
Phone: (555) 100-2000  
Email: jon.mor@example.com  
Date of Incident: 2024-06-06  
Location: 10th Ave & 5th St, Sample City  
Injury: Yes (minor)  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Rear-end collision  
Severity: Minor  
Claim Status: Pending court  
Fraud Risk Score: 4  
Internal Tag: TOW-FLAG-3  
Assigned Adjuster: Linda Cooper

## SECTION 3 – VEHICLE INFORMATION

Make: Toyota  
Model: Corolla  
Year: 2015  
License Plate: PLT100  
VIN: VINCODE123450000

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Rear-end collision caused moderate bumper deformation.

Weather Conditions: Strong winds

Witness Statement: Witness confirmed heavy rain reduced visibility at the time.

Repair Estimate 1: \$500  
Repair Estimate 2: \$600  
Repair Shop Assigned: AutoFix Garage  
Repair Appointment Date: 2024-07-08

Hidden Note: Second witness: \*\*Laura Vance\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

14:59 – Initial collision  
15:15 – Exchanged details  
15:33 – Ambulance arrived  
15:15 – Vehicle towed

## **SECTION 6 – COURT DATE**

Court Date: 2024-11-16

## **SECTION 7 – DECLARATION**

I declare that the information provided is inaccurate.

Signature: \_\_\_\_\_  
Date: 2024-06-08

# AUTO CLAIM FORM #2

**TitanGuard Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Sarah Klein  
Account Number: ACC9900158  
Address: 101 Main Street, Sample City, ST 90001  
Phone: (555) 100-2001  
Email: sarah.klein@example.com  
Date of Incident: 2024-07-30  
Location: 11th Ave & 6th St, Sample City  
Injury: No  
Police Report: No

## SECTION 2 – CLAIM DETAILS

Accident Type: Hit-and-run  
Severity: Minor  
Claim Status: Under investigation  
Fraud Risk Score: 3  
Internal Tag: PRIORITY-2  
Assigned Adjuster: Daniel Harris

## SECTION 3 – VEHICLE INFORMATION

Make: Honda  
Model: Civic  
Year: 2016  
License Plate: PLT101  
VIN: VINCODE123450001

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Loss of control on wet road led to impact with guardrail.

Weather Conditions: Overcast  
Witness Statement: Witness saw a vehicle drift across lane boundaries.

Repair Estimate 1: \$540  
Repair Estimate 2: \$655  
Repair Shop Assigned: AutoFix Garage  
Repair Appointment Date: 2024-08-20

Hidden Note: Tow company: \*\*RedHill Motors\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

09:29 – Initial collision  
09:32 – Exchanged details  
09:31 – Ambulance arrived  
10:12 – Vehicle towed

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is inaccurate.

Signature: \_\_\_\_\_  
Date: 2024-08-01

# AUTO CLAIM FORM #3

**EverTrust Auto Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: David Ross  
Account Number: ACC9900259  
Address: 102 Main Street, Sample City, ST 90002  
Phone: (555) 100-2002  
Email: david.ross@example.com  
Date of Incident: 2024-02-14  
Location: 12th Ave & 7th St, Sample City  
Injury: No  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Rear-end collision  
Severity: Minor  
Claim Status: Closed  
Fraud Risk Score: 1  
Internal Tag: FOLLOWUP-X  
Assigned Adjuster: Daniel Harris

## SECTION 3 – VEHICLE INFORMATION

Make: Ford  
Model: Focus  
Year: 2017  
License Plate: PLT102  
VIN: VINCODE123450002

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Side collision due to another vehicle merging abruptly.

Weather Conditions: Sunny  
Witness Statement: Witness stated the other driver ignored traffic light.

Repair Estimate 1: \$580  
Repair Estimate 2: \$710  
Repair Shop Assigned: Horizon Collision Repair  
Repair Appointment Date: 2024-02-25

Hidden Note: Officer badge ID: \*\*7742\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2024-02-16

# AUTO CLAIM FORM #4

**BlueRiver Mutual**

## SECTION 1 – CLAIMANT INFORMATION

Name: Mia Thompson  
Account Number: ACC9900360  
Address: 103 Main Street, Sample City, ST 90003  
Phone: (555) 100-2003  
Email: mia.thompson@example.com  
Date of Incident: 2024-04-06  
Location: 13th Ave & 8th St, Sample City  
Injury: Yes (minor)  
Police Report: No

## SECTION 2 – CLAIM DETAILS

Accident Type: Rear-end collision  
Severity: Minor  
Claim Status: Pending court  
Fraud Risk Score: 4  
Internal Tag: TOW-FLAG-3  
Assigned Adjuster: Daniel Harris

## SECTION 3 – VEHICLE INFORMATION

Make: BMW  
Model: X3  
Year: 2018  
License Plate: PLT103  
VIN: VINCODE123450003

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Minor reversing accident causing dent in rear panel.

Weather Conditions: Light drizzle  
Witness Statement: Witness reported seeing the other car accelerate abruptly.

Repair Estimate 1: \$620  
Repair Estimate 2: \$765  
Repair Shop Assigned: PrimeAuto Body Shop  
Repair Appointment Date: 2024-05-07

Hidden Note: Special part code: \*\*Component-R24B\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2024-04-08

# AUTO CLAIM FORM #5

**BlueRiver Mutual**

## SECTION 1 – CLAIMANT INFORMATION

Name: Eli Cohen  
Account Number: ACC9900461  
Address: 104 Main Street, Sample City, ST 90004  
Phone: (555) 100-2004  
Email: eli.cohen@example.com  
Date of Incident: 2024-01-24  
Location: 14th Ave & 9th St, Sample City  
Injury: No  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Side-impact  
Severity: Minor  
Claim Status: Open  
Fraud Risk Score: 3  
Internal Tag: PRIORITY-2  
Assigned Adjuster: Joshua Stein

## SECTION 3 – VEHICLE INFORMATION

Make: Kia  
Model: Sportage  
Year: 2019  
License Plate: PLT104  
VIN: VINCODE123450004

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Driver swerved to avoid obstacle and hit curb.

Weather Conditions: Foggy conditions

Witness Statement: Witness confirmed heavy rain reduced visibility at the time.

Repair Estimate 1: \$660  
Repair Estimate 2: \$820  
Repair Shop Assigned: Downtown AutoWorks  
Repair Appointment Date: 2024-02-18

Hidden Note: Officer badge ID: \*\*7742\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: 2024-06-27

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2024-01-26

# AUTO CLAIM FORM #6

**PrimeShield Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Lucas Rivera  
Account Number: ACC9900562  
Address: 105 Main Street, Sample City, ST 90005  
Phone: (555) 100-2005  
Email: lucas.rivera@example.com  
Date of Incident: 2025-03-27  
Location: 15th Ave & 10th St, Sample City  
Injury: No  
Police Report: No

## SECTION 2 – CLAIM DETAILS

Accident Type: Hit-and-run  
Severity: Minor  
Claim Status: Closed  
Fraud Risk Score: 5  
Internal Tag: CASE-SPL-11  
Assigned Adjuster: Rebecca Ford

## SECTION 3 – VEHICLE INFORMATION

Make: Tesla  
Model: Model 3  
Year: 2020  
License Plate: PLT105  
VIN: VINCODE123450005

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Low-speed rear-end collision during traffic slowdown.

Weather Conditions: Strong winds  
Witness Statement: Witness saw a vehicle drift across lane boundaries.

Repair Estimate 1: \$700  
Repair Estimate 2: \$875  
Repair Shop Assigned: Horizon Collision Repair  
Repair Appointment Date: 2025-04-08

Hidden Note: Internal audit ID: \*\*AUX-9921\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2025-03-29

# AUTO CLAIM FORM #7

**EverTrust Auto Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Nora Bennett  
Account Number: ACC9900663  
Address: 106 Main Street, Sample City, ST 90006  
Phone: (555) 100-2006  
Email: nora.bennett@example.com  
Date of Incident: 2025-09-24  
Location: 16th Ave & 11th St, Sample City  
Injury: Yes (minor)  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Single-vehicle incident  
Severity: Moderate  
Claim Status: Open  
Fraud Risk Score: 2  
Internal Tag: QA-NOTE-C2  
Assigned Adjuster: Joshua Stein

## SECTION 3 – VEHICLE INFORMATION

Make: Hyundai  
Model: Elantra  
Year: 2021  
License Plate: PLT106  
VIN: VINCODE123450006

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Side impact at junction caused door and mirror damage.

Weather Conditions: Strong winds  
Witness Statement: Witness saw the collision from nearby store window.

Repair Estimate 1: \$740  
Repair Estimate 2: \$930  
Repair Shop Assigned: Downtown AutoWorks  
Repair Appointment Date: 2025-10-17

Hidden Note: Officer badge ID: \*\*7742\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

14:54 – Accident occurred  
15:15 – Claimant called insurance  
15:20 – Police documented scene

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2025-09-26

# AUTO CLAIM FORM #8

**BlueRiver Mutual**

## SECTION 1 – CLAIMANT INFORMATION

Name: Adam Levi  
Account Number: ACC9900764  
Address: 107 Main Street, Sample City, ST 90007  
Phone: (555) 100-2007  
Email: adam.levi@example.com  
Date of Incident: 2025-07-06  
Location: 17th Ave & 12th St, Sample City  
Injury: No  
Police Report: No

## SECTION 2 – CLAIM DETAILS

Accident Type: Side-impact  
Severity: Severe  
Claim Status: Closed  
Fraud Risk Score: 1  
Internal Tag: RISK-A7  
Assigned Adjuster: Michael Abrams

## SECTION 3 – VEHICLE INFORMATION

Make: Toyota  
Model: Corolla  
Year: 2022  
License Plate: PLT107  
VIN: VINCODE123450007

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Hit-and-run left scratches and dented bumper.

Weather Conditions: Snowfall

Witness Statement: Witness reported seeing the other car accelerate abruptly.

Repair Estimate 1: \$780  
Repair Estimate 2: \$985  
Repair Shop Assigned: Downtown AutoWorks  
Repair Appointment Date: 2025-07-15

Hidden Note: Internal audit ID: \*\*AUX-9921\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2025-07-08

# AUTO CLAIM FORM #9

**PrimeShield Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Daniela Ruiz  
Account Number: ACC9900865  
Address: 108 Main Street, Sample City, ST 90008  
Phone: (555) 100-2008  
Email: daniela.ruiz@example.com  
Date of Incident: 2024-07-02  
Location: 18th Ave & 13th St, Sample City  
Injury: No  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Single-vehicle incident  
Severity: Critical  
Claim Status: Pending court  
Fraud Risk Score: 3  
Internal Tag: PRIORITY-2  
Assigned Adjuster: Linda Cooper

## SECTION 3 – VEHICLE INFORMATION

Make: Honda  
Model: Civic  
Year: 2023  
License Plate: PLT108  
VIN: VINCODE123450008

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Parking lot collision while reversing from space.

Weather Conditions: Light drizzle

Witness Statement: Witness confirmed heavy rain reduced visibility at the time.

Repair Estimate 1: \$820  
Repair Estimate 2: \$1040  
Repair Shop Assigned: AutoFix Garage  
Repair Appointment Date: 2024-07-28

Hidden Note: Tow company: \*\*RedHill Motors\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

10:59 – Collision detected  
11:12 – Police notified  
11:12 – Investigation started

## **SECTION 6 – COURT DATE**

Court Date: 2024-10-25

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2024-07-04

# AUTO CLAIM FORM #10

**PrimeShield Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Aaron Blake  
Account Number: ACC9900966  
Address: 109 Main Street, Sample City, ST 90009  
Phone: (555) 100-2009  
Email: aaron.blake@example.com  
Date of Incident: 2024-06-13  
Location: 19th Ave & 14th St, Sample City  
Injury: Yes (minor)  
Police Report: No

## SECTION 2 – CLAIM DETAILS

Accident Type: Weather-related loss  
Severity: Moderate  
Claim Status: Under investigation  
Fraud Risk Score: 5  
Internal Tag: FOLLOWUP-X  
Assigned Adjuster: Daniel Harris

## SECTION 3 – VEHICLE INFORMATION

Make: Ford  
Model: Focus  
Year: 2024  
License Plate: PLT109  
VIN: VINCODE123450009

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Windshield cracked after debris struck vehicle.

Weather Conditions: Strong winds

Witness Statement: Witness confirmed heavy rain reduced visibility at the time.

Repair Estimate 1: \$860  
Repair Estimate 2: \$1095  
Repair Shop Assigned: SpeedLine Repair Center  
Repair Appointment Date: 2024-07-11

Hidden Note: Special part code: \*\*Component-R24B\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

17:02 – Initial impact  
17:04 – Claimant pulled over  
17:33 – Police arrived  
17:38 – Tow truck dispatched

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is inaccurate.

Signature: \_\_\_\_\_  
Date: 2024-06-15

# AUTO CLAIM FORM #11

**PrimeShield Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Maya Gold  
Account Number: ACC9901067  
Address: 110 Main Street, Sample City, ST 90010  
Phone: (555) 100-2010  
Email: maya.gold@example.com  
Date of Incident: 2025-07-05  
Location: 20th Ave & 15th St, Sample City  
Injury: No  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Rear-end collision  
Severity: Severe  
Claim Status: Closed  
Fraud Risk Score: 0  
Internal Tag: TOW-FLAG-3  
Assigned Adjuster: Linda Cooper

## SECTION 3 – VEHICLE INFORMATION

Make: BMW  
Model: X3  
Year: 2015  
License Plate: PLT110  
VIN: VINCODE123450010

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Scrape along side from misjudged parking distance.

Weather Conditions: Heavy rain

Witness Statement: Witness heard braking noises moments before collision.

Repair Estimate 1: \$900  
Repair Estimate 2: \$1150  
Repair Shop Assigned: Horizon Collision Repair  
Repair Appointment Date: 2025-07-27

Hidden Note: Officer badge ID: \*\*7742\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2025-07-07

# AUTO CLAIM FORM #12

## Horizon Vehicle Cover

### SECTION 1 – CLAIMANT INFORMATION

Name: Oren Shapiro  
Account Number: ACC9901168  
Address: 111 Main Street, Sample City, ST 90011  
Phone: (555) 100-2011  
Email: oren.shapiro@example.com  
Date of Incident: 2025-01-20  
Location: 21th Ave & 16th St, Sample City  
Injury: No  
Police Report: No

### SECTION 2 – CLAIM DETAILS

Accident Type: Side-impact  
Severity: Moderate  
Claim Status: Open  
Fraud Risk Score: 4  
Internal Tag: QA-NOTE-C2  
Assigned Adjuster: Michael Abrams

### SECTION 3 – VEHICLE INFORMATION

Make: Kia  
Model: Sportage  
Year: 2016  
License Plate: PLT111  
VIN: VINCODE123450011

### SECTION 4 – DESCRIPTION OF DAMAGES

Description: Rear impact at crosswalk caused trunk damage.

Weather Conditions: Light drizzle  
Witness Statement: Witness confirmed claimant was driving at safe speed.

Repair Estimate 1: \$940  
Repair Estimate 2: \$1205  
Repair Shop Assigned: Horizon Collision Repair  
Repair Appointment Date: 2025-02-04

Hidden Note: Second witness: \*\*Laura Vance\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

09:38 – Initial impact  
09:52 – Claimant pulled over  
09:46 – Police arrived  
10:00 – Tow truck dispatched

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is inaccurate.

Signature: \_\_\_\_\_  
Date: 2025-01-22

# AUTO CLAIM FORM #13

**PrimeShield Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Sophia Lane  
Account Number: ACC9901269  
Address: 112 Main Street, Sample City, ST 90012  
Phone: (555) 100-2012  
Email: sophia.lane@example.com  
Date of Incident: 2025-09-17  
Location: 22th Ave & 17th St, Sample City  
Injury: Yes (minor)  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Hit-and-run  
Severity: Minor  
Claim Status: Pending court  
Fraud Risk Score: 5  
Internal Tag: FOLLOWUP-X  
Assigned Adjuster: Michael Abrams

## SECTION 3 – VEHICLE INFORMATION

Make: Tesla  
Model: Model 3  
Year: 2017  
License Plate: PLT112  
VIN: VINCODE123450012

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Front bumper cracked during tight parking maneuver.

Weather Conditions: Clear skies  
Witness Statement: Witness reported seeing the other car accelerate abruptly.

Repair Estimate 1: \$980  
Repair Estimate 2: \$1260  
Repair Shop Assigned: PrimeAuto Body Shop  
Repair Appointment Date: 2025-10-23

Hidden Note: Internal audit ID: \*\*AUX-9921\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

13:19 – Initial impact  
13:33 – Claimant pulled over  
13:43 – Police arrived  
13:31 – Tow truck dispatched

## **SECTION 6 – COURT DATE**

Court Date: 2025-12-14

## **SECTION 7 – DECLARATION**

I declare that the information provided is inaccurate.

Signature: \_\_\_\_\_  
Date: 2025-09-19

# AUTO CLAIM FORM #14

## SafeWay Auto Protection

### SECTION 1 – CLAIMANT INFORMATION

Name: Ethan Hall  
Account Number: ACC9901370  
Address: 113 Main Street, Sample City, ST 90013  
Phone: (555) 100-2013  
Email: ethan.hall@example.com  
Date of Incident: 2025-06-29  
Location: 23th Ave & 18th St, Sample City  
Injury: No  
Police Report: No

### SECTION 2 – CLAIM DETAILS

Accident Type: Multi-vehicle crash  
Severity: Minor  
Claim Status: Closed  
Fraud Risk Score: 3  
Internal Tag: CASE-SPL-11  
Assigned Adjuster: Daniel Harris

### SECTION 3 – VEHICLE INFORMATION

Make: Hyundai  
Model: Elantra  
Year: 2018  
License Plate: PLT113  
VIN: VINCODE123450013

### SECTION 4 – DESCRIPTION OF DAMAGES

Description: Skid on wet pavement caused collision with divider.

Weather Conditions: Clear skies

Witness Statement: Witness saw a vehicle drift across lane boundaries.

Repair Estimate 1: \$1020  
Repair Estimate 2: \$1315  
Repair Shop Assigned: SpeedLine Repair Center  
Repair Appointment Date: 2025-07-14

Hidden Note: Officer badge ID: \*\*7742\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2025-07-01

# AUTO CLAIM FORM #15

**PrimeShield Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Julia Marks  
Account Number: ACC9901471  
Address: 114 Main Street, Sample City, ST 90014  
Phone: (555) 100-2014  
Email: julia.marks@example.com  
Date of Incident: 2025-09-06  
Location: 24th Ave & 19th St, Sample City  
Injury: No  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Hit-and-run  
Severity: Minor  
Claim Status: Pending court  
Fraud Risk Score: 0  
Internal Tag: PRIORITY-2  
Assigned Adjuster: Rebecca Ford

## SECTION 3 – VEHICLE INFORMATION

Make: Toyota  
Model: Corolla  
Year: 2019  
License Plate: PLT114  
VIN: VINCODE123450014

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Scooter collided with right side at low speed.

Weather Conditions: Heavy rain

Witness Statement: Witness heard braking noises moments before collision.

Repair Estimate 1: \$1060  
Repair Estimate 2: \$1370  
Repair Shop Assigned: SpeedLine Repair Center  
Repair Appointment Date: 2025-09-27

Hidden Note: Repair stall: \*\*Bay-14\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2025-09-08

# AUTO CLAIM FORM #16

**EverTrust Auto Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Ben Adler  
Account Number: ACC9901572  
Address: 115 Main Street, Sample City, ST 90015  
Phone: (555) 100-2015  
Email: ben.adler@example.com  
Date of Incident: 2024-08-29  
Location: 25th Ave & 20th St, Sample City  
Injury: Yes (minor)  
Police Report: No

## SECTION 2 – CLAIM DETAILS

Accident Type: Weather-related loss  
Severity: Severe  
Claim Status: Under investigation  
Fraud Risk Score: 4  
Internal Tag: CASE-SPL-11  
Assigned Adjuster: Daniel Harris

## SECTION 3 – VEHICLE INFORMATION

Make: Honda  
Model: Civic  
Year: 2020  
License Plate: PLT115  
VIN: VINCODE123450015

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Fallen branch caused damage to hood and windshield.

Weather Conditions: Snowfall

Witness Statement: Witness confirmed heavy rain reduced visibility at the time.

Repair Estimate 1: \$1100  
Repair Estimate 2: \$1425  
Repair Shop Assigned: Downtown AutoWorks  
Repair Appointment Date: 2024-10-01

Hidden Note: Tow company: \*\*RedHill Motors\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

13:18 – Initial impact  
13:22 – Claimant pulled over  
13:40 – Police arrived  
13:40 – Tow truck dispatched

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is inaccurate.

Signature: \_\_\_\_\_  
Date: 2024-08-31

# AUTO CLAIM FORM #17

**NorthStar Auto Assurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Rachel Stern  
Account Number: ACC9901673  
Address: 116 Main Street, Sample City, ST 90016  
Phone: (555) 100-2016  
Email: rachel.stern@example.com  
Date of Incident: 2025-08-01  
Location: 26th Ave & 21th St, Sample City  
Injury: No  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Multi-vehicle crash  
Severity: Severe  
Claim Status: Closed  
Fraud Risk Score: 2  
Internal Tag: TOW-FLAG-3  
Assigned Adjuster: Linda Cooper

## SECTION 3 – VEHICLE INFORMATION

Make: Ford  
Model: Focus  
Year: 2021  
License Plate: PLT116  
VIN: VINCODE123450016

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Tire burst led to collision with roadside barrier.

Weather Conditions: Sunny  
Witness Statement: Witness saw the collision from nearby store window.

Repair Estimate 1: \$1140  
Repair Estimate 2: \$1480  
Repair Shop Assigned: PrimeAuto Body Shop  
Repair Appointment Date: 2025-08-19

Hidden Note: Special part code: \*\*Component-R24B\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

08:25 – Impact occurred  
08:28 – Driver moved vehicle aside

## **SECTION 6 – COURT DATE**

Court Date: 2025-09-14

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2025-08-03

# AUTO CLAIM FORM #18

## SafeWay Auto Protection

### SECTION 1 – CLAIMANT INFORMATION

Name: Noah Hart  
Account Number: ACC9901774  
Address: 117 Main Street, Sample City, ST 90017  
Phone: (555) 100-2017  
Email: noah.hart@example.com  
Date of Incident: 2024-02-12  
Location: 27th Ave & 22th St, Sample City  
Injury: No  
Police Report: No

### SECTION 2 – CLAIM DETAILS

Accident Type: Weather-related loss  
Severity: Minor  
Claim Status: Pending court  
Fraud Risk Score: 2  
Internal Tag: FOLLOWUP-X  
Assigned Adjuster: Daniel Harris

### SECTION 3 – VEHICLE INFORMATION

Make: BMW  
Model: X3  
Year: 2022  
License Plate: PLT117  
VIN: VINCODE123450017

### SECTION 4 – DESCRIPTION OF DAMAGES

Description: Fence struck after swerving to avoid small animal.

Weather Conditions: Light drizzle  
Witness Statement: Witness reported seeing the other car accelerate abruptly.

Repair Estimate 1: \$1180  
Repair Estimate 2: \$1535  
Repair Shop Assigned: Downtown AutoWorks  
Repair Appointment Date: 2024-03-21

Hidden Note: Internal audit ID: \*\*AUX-9921\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

09:23 – Accident occurred  
09:29 – Claimant called insurance  
09:26 – Police documented scene

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2024-02-14

# AUTO CLAIM FORM #19

**EverTrust Auto Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Emily Vance  
Account Number: ACC9901875  
Address: 118 Main Street, Sample City, ST 90018  
Phone: (555) 100-2018  
Email: emily.vance@example.com  
Date of Incident: 2025-09-26  
Location: 28th Ave & 23th St, Sample City  
Injury: Yes (minor)  
Police Report: Yes

## SECTION 2 – CLAIM DETAILS

Accident Type: Single-vehicle incident  
Severity: Severe  
Claim Status: Open  
Fraud Risk Score: 4  
Internal Tag: TOW-FLAG-3  
Assigned Adjuster: Daniel Harris

## SECTION 3 – VEHICLE INFORMATION

Make: Kia  
Model: Sportage  
Year: 2023  
License Plate: PLT118  
VIN: VINCODE123450018

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Severe pothole impact caused undercarriage damage.

Weather Conditions: Light drizzle  
Witness Statement: Witness observed impact occurred during lane merge.

Repair Estimate 1: \$1220  
Repair Estimate 2: \$1590  
Repair Shop Assigned: AutoFix Garage  
Repair Appointment Date: 2025-11-05

Hidden Note: Internal audit ID: \*\*AUX-9921\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

11:52 – Initial collision  
11:57 – Exchanged details  
12:12 – Ambulance arrived  
11:59 – Vehicle towed

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is inaccurate.

Signature: \_\_\_\_\_  
Date: 2025-09-28

# AUTO CLAIM FORM #20

**PrimeShield Insurance**

## SECTION 1 – CLAIMANT INFORMATION

Name: Lior Avraham  
Account Number: ACC9901976  
Address: 119 Main Street, Sample City, ST 90019  
Phone: (555) 100-2019  
Email: lior.avraham@example.com  
Date of Incident: 2025-08-07  
Location: 29th Ave & 24th St, Sample City  
Injury: No  
Police Report: No

## SECTION 2 – CLAIM DETAILS

Accident Type: Single-vehicle incident  
Severity: Critical  
Claim Status: Pending court  
Fraud Risk Score: 1  
Internal Tag: RISK-A7  
Assigned Adjuster: Daniel Harris

## SECTION 3 – VEHICLE INFORMATION

Make: Tesla  
Model: Model 3  
Year: 2024  
License Plate: PLT119  
VIN: VINCODE123450019

## SECTION 4 – DESCRIPTION OF DAMAGES

Description: Vehicle backed into claimant's car at gas station.

Weather Conditions: Sunny  
Witness Statement: Witness reported seeing the other car accelerate abruptly.

Repair Estimate 1: \$1260  
Repair Estimate 2: \$1645  
Repair Shop Assigned: Horizon Collision Repair  
Repair Appointment Date: 2025-09-04

Hidden Note: Second witness: \*\*Laura Vance\*\*

## **SECTION 5 – MINI TIMELINE OF EVENTS**

No timeline available for this claim.

## **SECTION 6 – COURT DATE**

Court Date: N/A

## **SECTION 7 – DECLARATION**

I declare that the information provided is accurate.

Signature: \_\_\_\_\_  
Date: 2025-08-09