

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 accurate.

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 accurate.

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 accurate.

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 accurate.

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 accurate.

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 accurate.

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 accurate.

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