

INSURANCE CLAIM FORM

Policy Management System

Document ID: CLM-2024-001234

Customer Information

Customer Name: Jan Kowalski

Policy Number: POL-789456123

Phone Number: +48 123 456 789

Email Address: jan.kowalski@email.com

Address: ul. Krakowska 15/3, 31-066 Kraków, Poland

Claim Details

Claim Number: CLM-2024-001234

Claim Date: August 12, 2025

Incident Date: August 10, 2025

Claim Type: Vehicle Damage

Claim Amount: \$3,450.00

Status: Under Review

Vehicle Information

Make: Toyota

Model: Camry

Year: 2021

VIN: 4T1BF1FK5DU123456

License Plate: KR AB123

Financial Summary

Description	Amount
	\$2,800.00
Repair Estimate	
	\$500.00
Deductible	
	\$150.00
Additional Fees	
	\$3,450.00
Total Claim Amount	
	\$3,450.00

Processing Information

Agent Name: Anna Nowak

Agent ID: AGT-567890

Branch Office: Kraków Central Office

Processing Date: August 12, 2025

Expected Resolution: August 19, 2025

Additional Notes

The incident occurred during heavy rainfall on August 10th, 2025. The vehicle

sustained damage to the front bumper and headlights after colliding with a fallen tree

branch. Photos and police report have been submitted as supporting documentation.

Next Steps: Vehicle inspection scheduled for August 15th, 2025. Adjuster will

contact customer within 2 business days.

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