Insurance Claim Details

User Information:
   Name: John Doe
   User ID: 123456
   Address: 123 Elm Street, Springfield, IL 62704
   Contact: (555) 123-4567
   Email: johndoe@example.com

Policy Information:
   Policy Number: ABCD1234
   Policy Type: Comprehensive
   Coverage: Liability, Collision, Comprehensive
   Additional Coverage: Roadside Assistance, Rental Car Reimbursement

Claim Details:
   Claim ID: C123456
   Date of Incident: 2024-01-15
   Description of Incident:
     On the morning of January 15, 2024, the insured vehicle was involved in a collision with another vehicle at the intersection of 1st Street and Main Street. The incident resulted in damage to the front bumper and hood of the insured vehicle. The insured was not at fault as the other driver ran a red light.
   Damage Estimate: $3,000
   Supporting Documents: Photos of the damage, police report