

HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

CLAIM INFORMATION

Claim Number: CLM-2024-HOME-009
Date of Loss: 2025-12-26
Type of Loss: Water Damage
Policy Number: HOME-859359

PROPERTY OWNER INFORMATION

Full Name: John Moore
Property Address: 789 Pine St, Naperville, IL 60540
Phone: (555) 269-8657
Email: john.moore@email.com

CAUSE OF LOSS

Frozen pipe burst in upstairs bathroom during cold snap (-15F). Pipe in exterior wall with insufficient insulation.

DAMAGE DESCRIPTION

Bathroom flooring destroyed, water cascaded to first floor causing ceiling collapse in living room, hardwood floor warping in two rooms.

COST ESTIMATE

Estimated Repair Cost: \$16,800.00
Emergency Repairs Done: Yes - Board-up service deployed
Photos Attached: Yes - 12 photos
Contractor Estimate: Scheduled for inspection

Property Owner Signature: _____ **Date:** 2026-02-21