

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-007
Date Filed: 2026-02-21
Date of Incident: 2025-10-17 00:00
Policy Number: AUTO-676510

CLAIMANT INFORMATION

Full Name: James Taylor
Address: 123 Main St, Chicago, IL 60601
Phone: (555) 269-5342
Email: james.taylor@email.com

VEHICLE INFORMATION

Vehicle: Dodge Ram 1500 2022
License Plate: PQR-1123
VIN: HLYXRNPDNCWE820JK
Mileage: 5,942 miles

INCIDENT DETAILS

Location:
Rural Route 45, 3 miles south of Chatham, IL

Description:
Collision with deer crossing rural road at dusk. Animal appeared suddenly from wooded area.

DAMAGE ASSESSMENT

Hood severely dented, windshield cracked in multiple places, front grille destroyed. Deer hair embedded in damage.

Estimated Repair Cost: \$33,148.00
Police Report: SPD-2024-19305
Tow Required: Yes - ABC Towing

Claimant Signature: _____ **Date:** 2026-02-21