

# 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