

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-018
Date Filed: 2026-02-21
Date of Incident: 2025-12-18 00:00
Policy Number: AUTO-525800

CLAIMANT INFORMATION

Full Name: David Garcia
Address: 987 Birch Rd, Joliet, IL 60432
Phone: (555) 661-1006
Email: david.garcia@email.com

VEHICLE INFORMATION

Vehicle: Chevrolet Equinox 2022
License Plate: WXY-6677
VIN: A6SLAENGTYRM9ML3Y
Mileage: 35,784 miles

INCIDENT DETAILS

Location:
Sunset Apartments, 2100 South Grand Ave, Springfield, IL
Description:
Vandalism in apartment complex parking. Vehicle keyed and tires slashed overnight.

DAMAGE ASSESSMENT

Deep key scratches on all four panels, two tires slashed, driver side mirror kicked off.

Estimated Repair Cost: \$21,723.00
Police Report: SPD-2024-98184
Tow Required: No

Claimant Signature: _____

Date: 2026-02-21