

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-012
Date Filed: 2026-02-21
Date of Incident: 2026-01-27 00:00
Policy Number: AUTO-109767

CLAIMANT INFORMATION

Full Name: Barbara Harris
Address: 987 Birch Rd, Joliet, IL 60432
Phone: (555) 569-2638
Email: barbara.harris@email.com

VEHICLE INFORMATION

Vehicle: Mazda CX-5 2022
License Plate: EFG-8890
VIN: 278XWWC5UPLZM0T9M
Mileage: 22,601 miles

INCIDENT DETAILS

Location:
3200 Block of Washington Street, Springfield, IL

Description:
Swerved to avoid pothole and hit curb. Deep pothole on poorly maintained road.

DAMAGE ASSESSMENT

Front right tire blown, wheel rim cracked, suspension damage, lower control arm bent.

Estimated Repair Cost: \$6,754.00
Police Report: SPD-2024-44664
Tow Required: Yes - ABC Towing

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