

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-009
Date Filed: 2026-02-21
Date of Incident: 2026-01-02 00:00
Policy Number: AUTO-939482

CLAIMANT INFORMATION

Full Name: John Moore
Address: 789 Pine St, Naperville, IL 60540
Phone: (555) 982-2790
Email: john.moore@email.com

VEHICLE INFORMATION

Vehicle: Hyundai Tucson 2022
License Plate: VWX-9908
VIN: 86ED98XEVJ1ZUYXV5
Mileage: 68,653 miles

INCIDENT DETAILS

Location:
Intersection of Oak Drive and Maple Court, Springfield, IL

Description:
T-bone collision at uncontrolled intersection. Other driver failed to yield right of way.

DAMAGE ASSESSMENT

Passenger door completely crushed, B-pillar deformed, side airbags deployed. Window shattered.
Occupant injury.

Estimated Repair Cost: \$24,236.00
Police Report: SPD-2024-73092
Tow Required: Yes - ABC Towing

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