

# AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

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## CLAIM INFORMATION

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**Claim Number:** CLM-2024-AUTO-004  
**Date Filed:** 2026-02-21  
**Date of Incident:** 2026-01-12 00:00  
**Policy Number:** AUTO-520651

## CLAIMANT INFORMATION

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**Full Name:** Jennifer Martinez  
**Address:** 321 Maple Dr, Peoria, IL 61602  
**Phone:** (555) 374-2084  
**Email:** jennifer.martinez@email.com

## VEHICLE INFORMATION

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**Vehicle:** Chevrolet Malibu 2020  
**License Plate:** GHI-5567  
**VIN:** 6YVAMDXF88J8KWD7Z  
**Mileage:** 71,784 miles

## INCIDENT DETAILS

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**Location:**  
456 Elm Street, Springfield, IL (street parking)

**Description:**  
Hit-and-run incident while vehicle was parked on Elm Street overnight. Discovered damage in the morning.

## DAMAGE ASSESSMENT

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Passenger side front fender crushed, door panel scratched, wheel rim bent. Paint transfer from white vehicle.

**Estimated Repair Cost:** \$22,673.00  
**Police Report:** SPD-2024-74686  
**Tow Required:** Yes - ABC Towing

**Claimant Signature:** \_\_\_\_\_ **Date:** 2026-02-21