

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-014
Date Filed: 2026-02-21
Date of Incident: 2025-10-15 00:00
Policy Number: AUTO-824586

CLAIMANT INFORMATION

Full Name: Susan Thompson
Address: 456 Oak Ave, Springfield, IL 62701
Phone: (555) 252-9938
Email: susan.thompson@email.com

VEHICLE INFORMATION

Vehicle: Volkswagen Jetta 2021
License Plate: KLM-4455
VIN: 1CJE1CXZ1BNNBJVZR
Mileage: 36,029 miles

INCIDENT DETAILS

Location:
McDonald's Drive-Through, 890 Wabash Ave, Springfield, IL

Description:
Collision in drive-through lane. Vehicle behind rolled forward while driver was at window.

DAMAGE ASSESSMENT

Rear bumper scratched and pushed in, rear sensor bar damaged. Minor trunk lid paint damage.

Estimated Repair Cost: \$6,931.00
Police Report: SPD-2024-31299
Tow Required: Yes - ABC Towing

Claimant Signature: _____

Date: 2026-02-21