

# 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-002  
**Date Filed:** 2026-02-21  
**Date of Incident:** 2025-11-05 00:00  
**Policy Number:** AUTO-325772

## CLAIMANT INFORMATION

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**Full Name:** Sarah Johnson  
**Address:** 456 Oak Ave, Springfield, IL 62701  
**Phone:** (555) 881-6514  
**Email:** sarah.johnson@email.com

## VEHICLE INFORMATION

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**Vehicle:** Honda Accord 2021  
**License Plate:** XYZ-7834  
**VIN:** 3CBB81F4X29LWB62M  
**Mileage:** 42,930 miles

## INCIDENT DETAILS

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**Location:**  
I-55 Southbound, Mile Marker 42, near Springfield

**Description:**  
Side-swipe collision on highway I-55 during lane change. Other vehicle merged without checking blind spot.

## DAMAGE ASSESSMENT

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Driver side door deeply scratched, side mirror torn off, rear quarter panel dented. Paint damage along entire driver side.

**Estimated Repair Cost:** \$12,189.00  
**Police Report:** SPD-2024-20458  
**Tow Required:** Yes - ABC Towing

**Claimant Signature:** \_\_\_\_\_

**Date:** 2026-02-21