

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-003
Date Filed: 2026-02-21
Date of Incident: 2026-01-19 00:00
Policy Number: AUTO-498591

CLAIMANT INFORMATION

Full Name: David Garcia
Address: 789 Pine St, Naperville, IL 60540
Phone: (555) 384-8428
Email: david.garcia@email.com

VEHICLE INFORMATION

Vehicle: Ford F-150 2023
License Plate: DEF-2198
VIN: LCC68XML5R5CZMJNU
Mileage: 12,331 miles

INCIDENT DETAILS

Location:
Walmart Supercenter Parking Lot, 1500 Oak Ave, Springfield, IL

Description:
Rear-end collision in Walmart parking lot while backing out of space. Low speed impact.

DAMAGE ASSESSMENT

Rear bumper dented and cracked, taillight assembly broken, trunk lid misaligned. Minor cosmetic damage.

Estimated Repair Cost: \$8,619.00
Police Report: SPD-2024-40021
Tow Required: Yes - ABC Towing

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