

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-011
Date Filed: 2026-02-21
Date of Incident: 2025-10-08 00:00
Policy Number: AUTO-992697

CLAIMANT INFORMATION

Full Name: William White
Address: 654 Cedar Ln, Aurora, IL 60505
Phone: (555) 290-2122
Email: william.white@email.com

VEHICLE INFORMATION

Vehicle: Kia Sorento 2023
License Plate: BCD-5567
VIN: KN73W8KLDKHX6P7DN
Mileage: 44,321 miles

INCIDENT DETAILS

Location:
Railroad crossing on County Road 14, Sherman, IL

Description:
Rear-ended while stopped at railroad crossing. Following vehicle distracted by phone.

DAMAGE ASSESSMENT

Rear bumper destroyed, trunk lid bent, rear lights broken. Whiplash reported by driver.

Estimated Repair Cost: \$7,250.00
Police Report: SPD-2024-69929
Tow Required: No

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