

HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

CLAIM INFORMATION

Claim Number: CLM-2024-HOME-006
Date of Loss: 2025-10-01
Type of Loss: Vandalism
Policy Number: HOME-413118

PROPERTY OWNER INFORMATION

Full Name: Linda Anderson
Property Address: 987 Birch Rd, Joliet, IL 60432
Phone: (555) 871-7389
Email: linda.anderson@email.com

CAUSE OF LOSS

Vandalism - rocks thrown through living room bay window. Incident occurred during nighttime. Police report filed.

DAMAGE DESCRIPTION

Bay window completely shattered (triple pane, custom size), interior water damage from rain entry before temporary covering, curtains and carpet stained.

COST ESTIMATE

Estimated Repair Cost: \$6,200.00
Emergency Repairs Done: No emergency repairs needed
Photos Attached: Yes - 12 photos
Contractor Estimate: Scheduled for inspection

Property Owner Signature: _____ **Date:** 2026-02-21