

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-001
Date Filed: 2026-02-21
Date of Incident: 2025-12-21 00:00
Policy Number: AUTO-126225

CLAIMANT INFORMATION

Full Name: Michael Brown
Address: 123 Main St, Chicago, IL 60601
Phone: (555) 859-5506
Email: michael.brown@email.com

VEHICLE INFORMATION

Vehicle: Toyota Camry 2022
License Plate: ABC-4521
VIN: 843RHK137KJPPDE9V
Mileage: 25,926 miles

INCIDENT DETAILS

Location:
Intersection of Route 66 and Main St, Springfield, IL

Description:
Rear-end collision at intersection of Route 66 and Main St. Traffic was heavy during rush hour. The other driver ran a red light.

DAMAGE ASSESSMENT

Front bumper severely damaged, both headlights broken, radiator punctured, hood bent. Airbags did not deploy.

Estimated Repair Cost: \$9,296.00
Police Report: SPD-2024-65392
Tow Required: No

Claimant Signature: _____

Date: 2026-02-21