

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-010
Date Filed: 2026-02-21
Date of Incident: 2026-01-19 00:00
Policy Number: AUTO-161483

CLAIMANT INFORMATION

Full Name: Mary Jackson
Address: 321 Maple Dr, Peoria, IL 61602
Phone: (555) 268-7209
Email: mary.jackson@email.com

VEHICLE INFORMATION

Vehicle: Jeep Cherokee 2021
License Plate: YZA-2234
VIN: 0CXS9NRSMG671R2A1
Mileage: 67,493 miles

INCIDENT DETAILS

Location:

Highway 72 North, near Lake Springfield

Description:

Lost control on icy road and slid into guardrail. Black ice conditions, temperature was 28F.

DAMAGE ASSESSMENT

Front right quarter panel crushed against guardrail, wheel assembly damaged, axle potentially bent.

Estimated Repair Cost: \$28,282.00
Police Report: SPD-2024-75909
Tow Required: Yes - ABC Towing

Claimant Signature: _____

Date: 2026-02-21