

HOME INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Property Claims Division

CLAIM INFORMATION

Claim Number: CLM-2024-HOME-001
Date of Loss: 2025-12-20
Type of Loss: Water Damage
Policy Number: HOME-387936

PROPERTY OWNER INFORMATION

Full Name: Michael Brown
Property Address: 123 Main St, Chicago, IL 60601
Phone: (555) 550-2269
Email: michael.brown@email.com

CAUSE OF LOSS

Burst pipe in kitchen under the sink. Pipe corroded due to age (original 1985 plumbing). Water flowed for approximately 4 hours before discovery.

DAMAGE DESCRIPTION

Kitchen hardwood floor warped (200 sq ft), lower cabinets swollen and delaminated, drywall water damage extending into dining room.

COST ESTIMATE

Estimated Repair Cost: \$12,500.00
Emergency Repairs Done: Yes - Temporary tarp installed
Photos Attached: Yes - 12 photos
Contractor Estimate: Pending

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