

# AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

---

## CLAIM INFORMATION

---

**Claim Number:** CLM-2024-AUTO-008  
**Date Filed:** 2026-02-21  
**Date of Incident:** 2025-10-30 00:00  
**Policy Number:** AUTO-132938

## CLAIMANT INFORMATION

---

**Full Name:** Patricia Thomas  
**Address:** 456 Oak Ave, Springfield, IL 62701  
**Phone:** (555) 980-6413  
**Email:** patricia.thomas@email.com

## VEHICLE INFORMATION

---

**Vehicle:** BMW X3 2023  
**License Plate:** STU-6745  
**VIN:** 27N74XJFST63EDFRN  
**Mileage:** 17,899 miles

## INCIDENT DETAILS

---

**Location:**  
Springfield Mall Parking Garage, Level B2, Pine Street

**Description:**  
Backed into concrete pole in shopping center parking garage. Limited visibility due to pillar obstruction.

## DAMAGE ASSESSMENT

---

Rear bumper deeply dented, backup camera destroyed, rear parking sensors non-functional. Exhaust pipe bent.

**Estimated Repair Cost:** \$6,417.00  
**Police Report:** SPD-2024-17944  
**Tow Required:** No

**Claimant Signature:** \_\_\_\_\_ **Date:** 2026-02-21