

AUTO INSURANCE CLAIM FORM

Claim Number: CLM-2024-AUTO-005

Date of Incident: 2025-11-10

Claimant Name: Daniel Jackson

Policy Number: AUTO-645521

Address: 321 Maple Dr, Peoria, IL

Vehicle Make/Model: Ford F-150 2023

License Plate: GHI-1357

Incident Location: I-55 Mile Marker 42

Incident Description: Side-swipe on highway

Damage Description: Driver side door scratched, mirror damaged

Estimated Repair Cost: \$2,959.00

Police Report Number: SPD-2024-3087

Signature: [Signed]

Date: 2025-11-10