

# AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

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## CLAIM INFORMATION

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**Claim Number:** CLM-2024-AUTO-018  
**Date Filed:** 2026-02-21  
**Date of Incident:** 2025-12-18 00:00  
**Policy Number:** AUTO-525800

## CLAIMANT INFORMATION

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**Full Name:** David Garcia  
**Address:** 987 Birch Rd, Joliet, IL 60432  
**Phone:** (555) 661-1006  
**Email:** david.garcia@email.com

## VEHICLE INFORMATION

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**Vehicle:** Chevrolet Equinox 2022  
**License Plate:** WXY-6677  
**VIN:** A6SLAENGTYRM9ML3Y  
**Mileage:** 35,784 miles

## INCIDENT DETAILS

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**Location:**  
Sunset Apartments, 2100 South Grand Ave, Springfield, IL

**Description:**  
Vandalism in apartment complex parking. Vehicle keyed and tires slashed overnight.

## DAMAGE ASSESSMENT

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Deep key scratches on all four panels, two tires slashed, driver side mirror kicked off.

**Estimated Repair Cost:** \$21,723.00  
**Police Report:** SPD-2024-98184  
**Tow Required:** No

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