

# 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-019  
**Date Filed:** 2026-02-21  
**Date of Incident:** 2025-10-29 00:00  
**Policy Number:** AUTO-254511

## CLAIMANT INFORMATION

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**Full Name:** Jennifer Martinez  
**Address:** 123 Main St, Chicago, IL 60601  
**Phone:** (555) 125-1757  
**Email:** jennifer.martinez@email.com

## VEHICLE INFORMATION

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**Vehicle:** Buick Encore 2021  
**License Plate:** ZAB-9900  
**VIN:** 8FV2DL6NG8M0RS3E5  
**Mileage:** 72,889 miles

## INCIDENT DETAILS

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**Location:**  
Residential driveway, 234 Cedar Court, Rochester, IL

**Description:**  
Backing out of driveway into neighbor's parked car. Limited visibility due to hedge.

## DAMAGE ASSESSMENT

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Rear bumper cracked, tail light broken, minor trunk dent. Other vehicle also damaged.

**Estimated Repair Cost:** \$15,050.00  
**Police Report:** SPD-2024-70889  
**Tow Required:** Yes - ABC Towing

Claimant Signature: \_\_\_\_\_

Date: 2026-02-21