

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