

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-004
Date Filed: 2026-02-21
Date of Incident: 2026-01-12 00:00
Policy Number: AUTO-520651

CLAIMANT INFORMATION

Full Name: Jennifer Martinez
Address: 321 Maple Dr, Peoria, IL 61602
Phone: (555) 374-2084
Email: jennifer.martinez@email.com

VEHICLE INFORMATION

Vehicle: Chevrolet Malibu 2020
License Plate: GHI-5567
VIN: 6YVAMDXF88J8KWD7Z
Mileage: 71,784 miles

INCIDENT DETAILS

Location:
456 Elm Street, Springfield, IL (street parking)

Description:
Hit-and-run incident while vehicle was parked on Elm Street overnight. Discovered damage in the morning.

DAMAGE ASSESSMENT

Passenger side front fender crushed, door panel scratched, wheel rim bent. Paint transfer from white vehicle.

Estimated Repair Cost: \$22,673.00
Police Report: SPD-2024-74686
Tow Required: Yes - ABC Towing

Claimant Signature: _____

Date: 2026-02-21