

# 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-015  
**Date Filed:** 2026-02-21  
**Date of Incident:** 2026-01-21 00:00  
**Policy Number:** AUTO-125990

## CLAIMANT INFORMATION

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**Full Name:** Charles Lee  
**Address:** 789 Pine St, Naperville, IL 60540  
**Phone:** (555) 283-6442  
**Email:** charles.lee@email.com

## VEHICLE INFORMATION

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**Vehicle:** Toyota RAV4 2022  
**License Plate:** NOP-7788  
**VIN:** SDNR85PC1F6XBUV7M  
**Mileage:** 57,227 miles

## INCIDENT DETAILS

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**Location:**  
Residential garage, 567 Birch Lane, Springfield, IL  
**Description:**  
Garage door closed on vehicle while pulling out. Door sensor malfunction.

## DAMAGE ASSESSMENT

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Roof panel dented and scratched, rear spoiler broken, rear window gasket displaced.

**Estimated Repair Cost:** \$29,020.00  
**Police Report:** SPD-2024-53025  
**Tow Required:** No

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

Date: 2026-02-21