

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-005
Date Filed: 2026-02-21
Date of Incident: 2026-01-05 00:00
Policy Number: AUTO-214975

CLAIMANT INFORMATION

Full Name: Robert Wilson
Address: 654 Cedar Ln, Aurora, IL 60505
Phone: (555) 256-3621
Email: robert.wilson@email.com

VEHICLE INFORMATION

Vehicle: Nissan Altima 2022
License Plate: JKL-3342
VIN: TD2CZHZV0PNH8M3EE
Mileage: 39,522 miles

INCIDENT DETAILS

Location:
Intersection of 5th Street and Main Avenue, Springfield, IL

Description:
Fender bender at stoplight on 5th and Main. Vehicle ahead stopped suddenly for pedestrian.

DAMAGE ASSESSMENT

Front fender pushed in, hood slightly buckled, bumper cover cracked. Headlight housing cracked.

Estimated Repair Cost: \$5,087.00
Police Report: SPD-2024-75612
Tow Required: Yes - ABC Towing

Claimant Signature: _____ **Date:** 2026-02-21