

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

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

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

VEHICLE INFORMATION

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

INCIDENT DETAILS

Location:
Residential garage, 567 Birch Lane, Springfield, IL

Description:
Garage door closed on vehicle while pulling out. Door sensor malfunction.

DAMAGE ASSESSMENT

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