

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-020
Date Filed: 2026-02-21
Date of Incident: 2025-12-11 00:00
Policy Number: AUTO-989545

CLAIMANT INFORMATION

Full Name: Robert Wilson
Address: 456 Oak Ave, Springfield, IL 62701
Phone: (555) 224-8478
Email: robert.wilson@email.com

VEHICLE INFORMATION

Vehicle: Nissan Rogue 2023
License Plate: CDE-2233
VIN: 4FHJARETWEWE5VERU
Mileage: 41,347 miles

INCIDENT DETAILS

Location:
Meijer Parking Lot, 3000 Lindbergh Blvd, Springfield, IL
Description:
Collision with shopping cart in grocery store parking lot during high winds.

DAMAGE ASSESSMENT

Multiple door dings, passenger side panel dented, paint scratched in several spots.
Estimated Repair Cost: \$18,331.00
Police Report: SPD-2024-78327
Tow Required: No

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