

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-006
Date Filed: 2026-02-21
Date of Incident: 2025-12-04 00:00
Policy Number: AUTO-755674

CLAIMANT INFORMATION

Full Name: Linda Anderson
Address: 987 Birch Rd, Joliet, IL 60432
Phone: (555) 405-9317
Email: linda.anderson@email.com

VEHICLE INFORMATION

Vehicle: Subaru Outback 2021
License Plate: MNO-8891
VIN: L5SHSH0A0XVUA1VY2
Mileage: 68,699 miles

INCIDENT DETAILS

Location:
Highway 66 near Exit 12, Sangamon County, IL

Description:
Multi-vehicle pileup on Highway 66 due to sudden fog. Chain reaction involving 4 vehicles.

DAMAGE ASSESSMENT

Significant front and rear damage, both bumpers destroyed, trunk crushed, rear window shattered. Totaled.

Estimated Repair Cost: \$8,973.00
Police Report: SPD-2024-19071
Tow Required: Yes - ABC Towing

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