

INSURANCE CLAIM FORM

Policy Number: POL-2024-789456

Claim Number: CLM-2024-001234

Date of Incident: October 15, 2024

Date of Claim: October 18, 2024

POLICYHOLDER INFORMATION:

Name: John Michael Smith

Policy Holder ID: PH-456789

Address: 123 Oak Street, Springfield, IL 62701

Phone: (555) 123-4567

Email: john.smith@email.com

INCIDENT DETAILS:

Type of Claim: Auto Accident

Location: Interstate 55, Mile Marker 142, Springfield, IL

Time of Incident: 3:30 PM

Weather Conditions: Clear, dry roads

DESCRIPTION OF INCIDENT:

On October 15, 2024, at approximately 3:30 PM, I was driving southbound on Interstate 55 when the vehicle in front of me suddenly braked due to traffic congestion. I applied my brakes immediately but was unable to stop in time, resulting in a rear-end collision. The impact was minor, with damage primarily to my front bumper and the other vehicle's rear bumper.

DAMAGE ASSESSMENT:

Vehicle: 2022 Honda Civic (VIN: 1HGBH41JXMN109186)

Damage: Front bumper cracked, headlight housing damaged, minor hood dent

Estimated Repair Cost: \$2,850.00

Towing Required: No

Vehicle Drivable: Yes

OTHER PARTY INFORMATION:

Name: Sarah Johnson

Vehicle: 2021 Toyota Camry

License Plate: ABC-1234

Insurance Company: State Farm

Claim Number: SF-789012

POLICE REPORT:

Report Number: SPD-2024-10150334

Responding Officer: Officer Martinez, Badge #4567

Citation Issued: No

SUPPORTING DOCUMENTS:

- ✓ Police Report Copy
- ✓ Photos of Damage (Vehicle and Scene)
- ✓ Other Driver's Insurance Information
- ✓ Witness Statement (if applicable)

DECLARATION:

I declare that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may result in claim denial and policy cancellation.

Signature: John M. Smith

Date: October 18, 2024

This claim includes all required information: valid policy number, clear incident description, proper documentation, realistic damage assessment, and falls within policy coverage dates.