INSURANCE CLAIM FORM

Claim ID: CLM-2025-001

Policy Number: POL-789456

Claimant Name: John Doe

Date of Birth: 03/15/1985

Contact: (555) 123-4567

Email: john.doe@email.com

Date of Incident: January 15, 2025

Time of Incident: 2:30 PM

Location: Main Street & 5th Avenue, Downtown

Type of Claim: Auto Accident

Vehicle: 2022 Honda Accord, VIN: 1HGBH41JXMN109186

Description: Rear-end collision at intersection while stopped at red light.

Other driver failed to brake in time. Damage to rear bumper, trunk, and

tail lights. Police report filed (Report #: 2025-001234).

Estimated Damage: $4,500

Witness: Jane Smith, (555) 987-6543

Police Report: Yes

Injuries: Minor whiplash, neck pain

Status: Under Review  
  
INSURANCE CLAIM FORM

Claim ID: CLM-2025-002

Policy Number: POL-456123

Claimant Name: Sarah Martinez

Date of Birth: 07/22/1990

Contact: (555) 234-5678

Email: sarah.m@email.com

Date of Incident: January 20, 2025

Type of Claim: Medical Treatment

Hospital/Clinic: City General Hospital

Treating Physician: Dr. Robert Chen, MD

Description: Emergency room visit for acute appendicitis. Emergency

appendectomy performed on January 20, 2025. Three-day hospital stay

for post-operative recovery. Prescription medications provided.

Diagnosis Code (ICD-10): K35.80 (Acute appendicitis)

Procedure Code (CPT): 44970 (Laparoscopic appendectomy)

Total Medical Bill: $18,750

Amount Claimed: $18,750

Deductible: $1,000

Co-insurance: 20%

Status: Pending Approval