

# Vehicle Damage Claim Loss Summary Sheet

## Claimant Information

Claimant Name: John Doe  
Contact Number: 555-0123  
Email Address: johndoe@email.com  
Address: 123 Main St, Springfield

## Vehicle Information

Vehicle Make/Model: Toyota Corolla  
Year: 2020  
VIN: 1HGBH41JXMN109186  
License Plate: XYZ-1234

## Accident Details

Date of Loss: 2024-03-18  
Time: 14:20  
Location: 456 Elm St, Springfield  
Description: Rear-end collision with another vehicle at an intersection.

## Damage Assessment Summary

Part	Description of Damage	Estimated Repair Cost
Rear Bumper	Dented and scratched	\$400
Trunk Lid	Misaligned, minor dent	\$250
Tail Light (Left)	Broken lens	\$100
<strong>Total Estimated Cost</strong>		<strong>\$750</strong>

## Insurance Information

Insurance Company: ABC Insurance Co.  
Policy Number: 4567-8901  
Claim Number: CL-20240601  
Adjuster Name: Sarah Miller  
Adjuster Contact: 555-0199

## Important Notes

- This summary sheet is for internal assessment purposes and is not an official settlement document.
- All repair costs are estimates and subject to confirmation from approved repair facilities.

- Ensure all claimant and vehicle information is accurate before processing further claims.
- Final approval of repairs and costs is at the discretion of the insurance company.