

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Low

Claim Information

Claim ID: CLM-000001
Policy ID: POL-XHJDBEMWW
Incident Type: Property Damage
Incident Date: 2025-07-27
Report Date: 2025-07-30

Contact Information

Claimant: Anna Park
Adjuster: Katrina Giles
Phone: 989-916-7873x159
Email: leegarrett@example.org
Address: 53686 Thomas Ports Apt. 797, South Denisefurt, OR 08728

Incident Description

Vandalism to the insured's fence was discovered at 372 Brittany Curve, New Trevorbury, CO 30504 on 2025-07-27. Police report #POL32464686 filed with Amberhaven Police Department.

Additional documentation and police reports have been filed with the appropriate authorities. All supporting evidence has been collected and is available for review upon request.

Expense Breakdown

Category	Description	Amount
Structural Repair	Window replacement	\$1424.52
Cleanup	Temporary storage	\$568.08
Structural Repair	Wall replacement	\$128.67
Cleanup	Professional cleaning	\$259.30
Structural Repair	Roof repair	\$208.80
Cleanup	Professional cleaning	\$148.63
Total Claim Amount		\$2738.00

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

TrustShield Corp

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
Phone: 1-800-CLAIMS-1 | Email: claims@trustshield.com
www.trustshield.com

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