

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Low

Claim Information

Claim ID: CLM-000002
Policy ID: POL-IPQZKXMBQ
Incident Type: Personal Injury
Incident Date: 2025-03-25
Report Date: 2025-04-08

Contact Information

Claimant: Valerie Davis
Adjuster: Todd Gray
Phone: (444)620-6015x810
Email: krystaljensen@example.net
Address: 5428 Foster Row Suite 056, Andrewburgh, MT 45434

Incident Description

The insured slipped and fell on a icy sidewalk at Benton LLC, resulting in broken wrist.

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
Lost Wages	Time off work	\$305.89
Equipment	Crutches	\$446.38
Lost Wages	Time off work	\$593.14
Equipment	Walking boot	\$636.16
Total Claim Amount		\$1981.57

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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