

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000003
Policy ID: POL-REVENIPI
Incident Type: Auto Accident
Incident Date: 2024-11-23
Report Date: 2024-12-12

Contact Information

Claimant: Tommy Barnes
Adjuster: Marissa Evans
Phone: 263.261.2898x496
Email: douglashoffman@example.org
Address: USCGC Ortega, FPO AP 61941

Incident Description

The insured was rear-ended while stopped at a traffic light at Victoria Mountain & Roger Islands on 2024-11-23 at approximately 17:37:14. The other driver, Vincent Robinson, failed to stop in time due to speeding.

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
Vehicle Repair	Headlight repair	\$1630.16
Vehicle Repair	Headlight repair	\$120.47
Medical	X-ray examination	\$209.03
Towing	Roadside assistance	\$260.87
Medical	X-ray examination	\$629.75
Total Claim Amount		\$2850.28

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

FirstChoice Insurance

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

Form *CL-1364* | Rev. 2024 | Generated: 2025-09-07 00:29