

# TrustShield Corp

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: High

### Claim Information

Claim ID: CLM-000004  
Policy ID: POL-YWQFSQRGD  
Incident Type: Theft  
Incident Date: 2024-03-14  
Report Date: 2024-04-07

### Contact Information

Claimant: Amy Meyers  
Adjuster: Emily Wells  
Phone: (365)383-0545  
Email: vvaughn@example.org  
Address: 948 Wallace Mission Suite 108, Shelbychester, ND 78670

### Incident Description

A break-in occurred at the insured's residence at 39287 Melissa Ville, New Christine, M 25951 on 2024-03-14 while they were on vacation. Police report #POL57800718 filed.

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    |
|--------------------|---------------------|-----------|
| Investigation      | Documentation costs | \$392.84  |
| Investigation      | Documentation costs | \$211.16  |
| Investigation      | Police report fee   | \$344.39  |
| Security           | Lock replacement    | \$369.34  |
| Investigation      | Documentation costs | \$320.78  |
| Total Claim Amount |                     | \$1638.51 |

Claimant Signature

Date: \_\_\_\_\_

Adjuster Signature

Date: \_\_\_\_\_

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**TrustShield Corp**

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Phone: 1-800-CLAIMS-1 | Email: [claims@trustshield.com](mailto:claims@trustshield.com)  
[www.trustshield.com](http://www.trustshield.com)

*Form CL-9828 | Rev. 2024 | Generated: 2025-09-07 00:29*