

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000006
Policy ID: POL-TREHLKBRI
Incident Type: Property Damage
Incident Date: 2024-09-15
Report Date: 2024-09-25

Contact Information

Claimant: Hector Scott
Adjuster: Marilyn Vaughn
Phone: 321.597.2331x888
Email: andrew.collins@example.net
Address: 98092 Howard Dale, Erinberg, IN 08663

Incident Description

damage to the occurred at 3435 Scott View , South Dakota, WY 77786 during a severe weather event on 2024-09-15. Wind speeds reached mph.

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
Cleanup	Temporary storage	\$1456.34
Cleanup	Debris removal	\$682.86
Cleanup	Temporary storage	\$198.02
Cleanup	Professional cleaning	\$284.36
Structural Repair	Door repair	\$146.96
Structural Repair	Wall replacement	\$126.37
Total Claim Amount		\$2894.91

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

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