

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000007
Policy ID: POL-ZNUUGKSWL
Incident Type: Property Damage
Incident Date: 2025-02-27
Report Date: 2025-03-17

Contact Information

Claimant: Ms. Susan Walker
Adjuster: Alejandro Morgan
Phone: (305)685-2376x652
Email: meganvelazquez@example.com
Address: 60929 Gillespie Haven Apt. 807, West Kimberly, MS 23565

Incident Description

Water damage occurred at 3208 Smith Path Suite 037, Devinchester, RI 81194 due to a mechanical failure in the Nashfort, affecting the home, think

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	\$526.50
Structural Repair	Roof repair	\$357.97
Water Damage	Mold remediation	\$730.95
Cleanup	Professional cleaning	\$168.48
Water Damage	Drywall repair	\$446.16
Water Damage	Mold remediation	\$346.83
Total Claim Amount		\$2576.89

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SecureGuard Insurance

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

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