

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000011
Policy ID: POL-GVEBKMMJ
Incident Type: Property Damage
Incident Date: 2024-06-04
Report Date: 2024-06-05

Contact Information

Claimant: Matthew Grimes
Adjuster: Laura Doyle DDS
Phone: 999-557-6143x9334
Email: brow.nashley@example.com
Address: 725 Mchael Drive Apt. 064, East Kim, AL 65608

Incident Description

A large maple tree fell on the insured's roof at 31570 Kathy Radial Suite 045, South Marcus, WV 18094 during a severe thunderstorm on 2024-06-04, causing significant structural damage to the living room.

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	\$750.24
Cleanup	Debris removal	\$690.05
Water Damage	Drywall repair	\$255.40
Structural Repair	Wall replacement	\$334.59
Water Damage	Drywall repair	\$753.51
Total Claim Amount		\$2783.79

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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Phone: 1-800-CLAIMS-1 | Email: claims@safehaven.com
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