

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000013
Policy ID: POL-GNAH-HBFG
Incident Type: Auto Accident
Incident Date: 2025-02-18
Report Date: 2025-03-06

Contact Information

Claimant: Scott James
Adjuster: April Sanchez
Phone: 948.701.9741x8877
Email: timothyherrera@example.com
Address: USCGC Baker, FPO AE 90538

Incident Description

The insured was rear-ended while stopped at a traffic light at Corey Viaduct & Taylor Passage on 2025-02-18 at approximately 21:15:17. The other driver, Joseph Horne, 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
Rental Car	Insurance waiver	\$964.25
Medical	Medication	\$96.99
Towing	Vehicle towing service	\$267.18
Rental Car	Insurance waiver	\$216.82
Medical	Medication	\$55.75
Vehicle Repair	Front bumper replacement	\$149.07
Total Claim Amount		\$1750.06

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

TrustShield Corp

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

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