

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Low

Claim Information

Claim ID: CLM-000015
Policy ID: POL-IEFYHGRME
Incident Type: Auto Accident
Incident Date: 2025-01-15
Report Date: 2025-01-21

Contact Information

Claimant: Aaron Perry
Adjuster: Sharon Wright
Phone: 652-829-1698
Email: thomasjonathon@example.com
Address: 9345 Andrew Circle Suite 451, East Alexandraborough, WV 64715

Incident Description

The insured's vehicle was struck on the driver side while parked at New Benjamin. The other driver, Chase Nelson, was parking improperly.

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
Vehicle Repair	Headlight repair	\$313.25
Vehicle Repair	Paint and labor	\$177.63
Rental Car	Rental car (daily rate)	\$1939.01
Total Claim Amount		\$2429.89

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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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