

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000017
Policy ID: POL-NFZQTEUM
Incident Type: Property Damage
Incident Date: 2024-10-21
Report Date: 2024-11-14

Contact Information

Claimant: Alexis Hill
Adjuster: Bryan Ward
Phone: (502)723-2125x55892
Email: robyn01@example.com
Address: 528 Jones Run, Jennifertown, PR 83703

Incident Description

Vandalism to the insured's siding was discovered at PSC 7608, Box 9872, APO AP 89945 on 2024-10-21. Police report #POL25705052 filed with Coxhaven Police Department.

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	\$1254.76
Cleanup	Temporary storage	\$446.64
Water Damage	Mold remediation	\$178.70
Water Damage	Mold remediation	\$683.14
Water Damage	Drywall repair	\$617.89
Total Claim Amount		\$3181.13

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

Form CL-3574 | Rev. 2024 | Generated: 2025-09-07 00:29