

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000018
Policy ID: POL-NILIKHREK
Incident Type: Auto Accident
Incident Date: 2024-12-11
Report Date: 2024-12-28

Contact Information

Claimant: Elizabeth Hill
Adjuster: Tiffany Vasquez
Phone: 6047541704
Email: zkaiser@example.com
Address: 476 James Hollow, Christinestad, MA 89323

Incident Description

A multi-vehicle accident occurred on Jessica Branch during heart condition. The insured was involved in a 4-car chain reaction.

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	\$1384.13
Rental Car	Insurance waiver	\$558.29
Medical	Medication	\$581.75
Total Claim Amount		\$2524.17

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
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