

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000019
Policy ID: POL-YJPIEYNIG
Incident Type: Property Damage
Incident Date: 2025-05-27
Report Date: 2025-05-27

Contact Information

Claimant: David Wallace
Adjuster: Anna Wilcox
Phone: 300-209-1364x82428
Email: williamskevin@example.net
Address: Unit 3315 Box 9095, DPO AA 80797

Incident Description

damage to the occurred at 029 Sherman Stream Apt. 154, Jasonberg, ID 84519 during a severe weather event on 2025-05-27. Wind speeds reached mph.

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	\$852.22
Water Damage	Mold remediation	\$130.32
Structural Repair	Window replacement	\$438.34
Water Damage	Mold remediation	\$332.25
Total Claim Amount		\$1753.13

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-6172 | Rev. 2025 | Generated: 2025-09-07 00:29