

# SafeHaven Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Denied

Priority: Medium

### Claim Information

Claim ID: CLM-000021  
Policy ID: POL-XKNGSHVEH  
Incident Type: Personal Injury  
Incident Date: 2025-05-24  
Report Date: 2025-06-03

### Contact Information

Claimant: Justin Gregory  
Adjuster: Beverly Weber  
Phone: 317-886-3318x75906  
Email: jenna61@example.net  
Address: USCGC Reed, FPO AA 02070

### Incident Description

While attending an event at Jonathanmouth, the insured slipped on a wet floor due to distracted driving, causing fractured arm.

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    |
|--------------------|-----------------------|-----------|
| Equipment          | Walking boot          | \$183.55  |
| Lost Wages         | Time off work         | \$772.05  |
| Equipment          | Walking boot          | \$397.70  |
| Lost Wages         | Reduced capacity work | \$54.05   |
| Equipment          | Medical devices       | \$671.52  |
| Total Claim Amount |                       | \$2078.87 |

Claimant Signature

Date: \_\_\_\_\_

Adjuster Signature

Date: \_\_\_\_\_

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**SafeHaven Insurance**

1234 Insurance Blvd, Suite 100, Financial District, NY 10001  
Phone: 1-800-CLAIMS-1 | Email: [claims@safehaven.com](mailto:claims@safehaven.com)  
[www.safehaven.com](http://www.safehaven.com)

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