

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000023
Policy ID: POL-FSXXYICXK
Incident Type: Auto Accident
Incident Date: 2024-10-14
Report Date: 2024-10-15

Contact Information

Claimant: David Hodge
Adjuster: Dale Preston
Phone: 574.761.5688x3114
Email: pangarcia@example.net
Address: 772 Alejandro Inlet, Port Natasha, WV 17229

Incident Description

The insured was rear-ended while stopped at a traffic light at Thomas Throughway & Fischer Pines on 2024-10-14 at approximately 03:48:47. The other driver, Andrew Rogers, failed to stop in time due to wet road conditions.

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
Rental Car	Insurance waiver	\$1043.60
Rental Car	Rental car (daily rate)	\$615.12
Rental Car	Rental car (daily rate)	\$134.37
Towing	Storage fees	\$423.96
Rental Car	Insurance waiver	\$163.40
Rental Car	Gas and mileage	\$202.94
Total Claim Amount		\$2583.39

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
Phone: 1-800-CLAIMS-1 | Email: claims@clearpathcoverage.com
www.clearpathcoverage.com

Form CL-7016 | Rev. 2024 | Generated: 2025-09-07 00:29