

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000025
Policy ID: POL-SARLRMBG
Incident Type: Property Damage
Incident Date: 2024-01-24
Report Date: 2024-02-02

Contact Information

Claimant: Sara Newman
Adjuster: Casey Watkins
Phone: 817-469-0890x070
Email: olsenreginald@example.com
Address: 305 Kenneth Point, North Kevinton, RI 05731

Incident Description

A large pine tree fell on the insured's roof at 8626 Larson Summit Suite 572, Wrightstad, CA 43650 during a severe thunderstorm on 2024-01-24, causing significant structural damage to the garage.

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	\$176.12
Structural Repair	Wall replacement	\$913.73
Structural Repair	Wall replacement	\$911.80
Total Claim Amount		\$2001.65

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SecureGuard Insurance

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

Form *CL-2262* | Rev. 2024 | Generated: 2025-09-07 00:29