

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000026
Policy ID: POL-OBVNJLAVR
Incident Type: Auto Accident
Incident Date: 2025-02-05
Report Date: 2025-03-05

Contact Information

Claimant: Danielle Armstrong
Adjuster: James Hobbs
Phone: 436-271-9483x140
Email: virginiaburns@example.com
Address: PSC 8107, Box 9455, APO AP 06718

Incident Description

A multi-vehicle accident occurred on Robert Mountains during pneumonia. 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
Towing	Roadside assistance	\$1055.97
Towing	Vehicle towing service	\$392.91
Medical	Medication	\$785.74
Rental Car	Insurance waiver	\$642.17
Total Claim Amount		\$2876.79

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

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