

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000028
Policy ID: POL-UTMWAFL
Incident Type: Property Damage
Incident Date: 2024-11-25
Report Date: 2024-11-28

Contact Information

Claimant: Troy Conley
Adjuster: Cynthia Sanchez
Phone: 708.728.6846x0099
Email: joshua09@example.net
Address: 389 Ramirez Pk, Paulburgh, HI 58852

Incident Description

A large maple tree fell on the insured's roof at 014 Angela Street, Lake Carolinefort, OR 42692 during a severe tornado on 2024-11-25, causing significant structural damage to the living room.

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
Structural Repair	Window replacement	\$174.25
Structural Repair	Roof repair	\$1089.06
Water Damage	Mold remediation	\$684.78
Structural Repair	Wall replacement	\$365.77
Cleanup	Debris removal	\$757.15
Total Claim Amount		\$3071.01

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-1543 | Rev. 2024 | Generated: 2025-09-07 00:29