

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000030
Policy ID: POL-ZBKLWYPXV
Incident Type: Property Damage
Incident Date: 2025-03-10
Report Date: 2025-04-08

Contact Information

Claimant: Shannon Silva
Adjuster: Marvin Castaneda
Phone: 001-834-317-1464
Email: ghale@example.org
Address: 117 Freeman Ports Suite 179, West Rodneyside, IN 54111

Incident Description

damage to the occurred at 5563 Hayden Lodge Suite 435, Sanchezland, VT 70315 during a severe weather event on 2025-03-10. Wind speeds reached mph.

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	Professional cleaning	\$326.27
Structural Repair	Window replacement	\$703.99
Water Damage	Drywall repair	\$1475.25
Total Claim Amount		\$2505.51

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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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