

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000032
Policy ID: POL-AOYZABDIG
Incident Type: Personal Injury
Incident Date: 2024-04-12
Report Date: 2024-05-08

Contact Information

Claimant: Angela Ramirez
Adjuster: Tina Robbins
Phone: 3473738206
Email: eeaton@example.net
Address: 11828 Hoffman Hills, Mcguireshire, MN 13938

Incident Description

The insured was injured when at Haney PLC, striking them on the .

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
Equipment	Crutches	\$1246.76
Equipment	Walking boot	\$621.20
Equipment	Walking boot	\$509.80
Total Claim Amount		\$2377.76

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

Form *CL-6629* | Rev. 2024 | Generated: 2025-09-07 00:29