

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000033
Policy ID: POL-KFUUQKXNB
Incident Type: Theft
Incident Date: 2025-03-24
Report Date: 2025-03-31

Contact Information

Claimant: Joe Anderson
Adjuster: Seth Ross
Phone: 462-676-3204x74927
Email: ljones@example.org
Address: 3588 Vasquez River Apt. 895, South Christine, ID 67587

Incident Description

Personal items including speak, call, scientist, that were stolen from the insured's vehicle while parked at Douglaschester. Total estimated value: \$.

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
Investigation	Documentation costs	\$1347.80
Investigation	Police report fee	\$785.16
Stolen Items	Late	\$727.39
Total Claim Amount		\$2860.35

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

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