

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000035
Policy ID: POL-DGPLQFBOP
Incident Type: Personal Injury
Incident Date: 2025-06-15
Report Date: 2025-06-25

Contact Information

Claimant: Bethany Keith
Adjuster: Kevin Cooper
Phone: 813-994-3867
Email: justintrujillo@example.com
Address: 4649 Rivera Locks Suite 834, West Kirkstad, AS 36485

Incident Description

The insured slipped and fell on a icy sidewalk at Swanson Group, resulting in broken wrist.

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
Lost Wages	Reduced capacity work	\$141.86
Lost Wages	Time off work	\$340.85
Equipment	Medical devices	\$564.42
Medical	X-ray	\$219.70
Equipment	Crutches	\$267.36
Total Claim Amount		\$1534.19

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SecureGuard Insurance

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

Form CL-7095 | Rev. 2025 | Generated: 2025-09-07 00:29