

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Low

Claim Information

Claim ID: CLM-000037
Policy ID: POL-GNFCNFYKL
Incident Type: Auto Accident
Incident Date: 2025-06-19
Report Date: 2025-07-13

Contact Information

Claimant: Mathew Case
Adjuster: Jason Thomas
Phone: 417-887-4658x2142
Email: feliciasmith@example.org
Address: 95660 Sullivan Islands Suite 366, West Lindaburgh, KY 37189

Incident Description

A collision occurred when the insured was making a left turn at the intersection of Melanie Prairie & Herrera Drive. The other vehicle, driven by Michael Perez, ran a red light.

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
Medical	X-ray examination	\$310.28
Vehicle Repair	Front bumper replacement	\$175.54
Vehicle Repair	Door panel	\$583.28
Towing	Roadside assistance	\$503.51
Towing	Storage fees	\$94.35
Medical	X-ray examination	\$442.03
Total Claim Amount		\$2108.99

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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

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