

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000038
Policy ID: POL-IVLVVJLG
Incident Type: Property Damage
Incident Date: 2025-04-04
Report Date: 2025-04-09

Contact Information

Claimant: Mchael Barnes
Adjuster: Luis Melendez
Phone: 750-464-9414x06169
Email: jessethomas@example.net
Address: 3468 Jonathan Cape Apt. 936, West Catherinemouth, VA 33874

Incident Description

damage to the occurred at 09147 Cooper Divide, Juanstad, IA 54696 during a severe weather event on 2025-04-04. 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
Water Damage	Drywall repair	\$987.54
Structural Repair	Window replacement	\$221.07
Water Damage	Mold remediation	\$585.09
Cleanup	Debris removal	\$73.91
Water Damage	Carpet replacement	\$136.83
Cleanup	Temporary storage	\$261.22
Total Claim Amount		\$2265.66

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

FirstChoice Insurance

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Phone: 1-800-CLAIMS-1 | Email: claims@firstchoice.com
www.firstchoice.com

Form *CL-4819* | Rev. 2025 | Generated: 2025-09-07 00:29