

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000039
Policy ID: POL-AECTISXZU
Incident Type: Auto Accident
Incident Date: 2024-03-28
Report Date: 2024-04-10

Contact Information

Claimant: Darlene Dean
Adjuster: Amber Jones
Phone: (392)772-0372
Email: john92@example.org
Address: 06176 Sarah Glen, Kelleyland, GA 81249

Incident Description

The insured's vehicle was struck on the driver side while parked at Thompsonbury. The other driver, Colin Gordon, was reversing out of a driveway.

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
Towing	Storage fees	\$1235.66
Rental Car	Rental car (daily rate)	\$552.20
Medical	Physical therapy	\$179.15
Rental Car	Gas and mileage	\$113.32
Medical	X-ray examination	\$667.93
Total Claim Amount		\$2748.26

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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