

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Medium

Claim Information

Claim ID: CLM-000040
Policy ID: POL-CSQLYSMGW
Incident Type: Personal Injury
Incident Date: 2024-09-29
Report Date: 2024-10-20

Contact Information

Claimant: Katie Lambert
Adjuster: Joshua Wilkins
Phone: +1-983-583-4714x9357
Email: gbrown@example.com
Address: 99576 James Rue Apt. 647, North William, NY 40390

Incident Description

The insured was injured when at Fuller, Herrera and Strickland, striking them on the .

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
Equipment	Walking boot	\$233.45
Equipment	Crutches	\$632.43
Lost Wages	Reduced capacity work	\$425.90
Equipment	Walking boot	\$949.77
Total Claim Amount		\$2241.55

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

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

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