

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000041
Policy ID: POL-WXBZHDRKE
Incident Type: Auto Accident
Incident Date: 2024-05-04
Report Date: 2024-06-01

Contact Information

Claimant: Kristen Johnson
Adjuster: Tiffany Stephens
Phone: +1-216-513-9997x346
Email: briandavis@example.net
Address: 343 Pamela Ranch, Cathyside, NY 84559

Incident Description

The insured's vehicle was struck on the driver side while parked at Jonestown. The other driver, Diana Jackson, was parking improperly.

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	Emergency room visit	\$668.89
Towing	Roadside assistance	\$266.03
Rental Car	Rental car (daily rate)	\$1273.91
Total Claim Amount		\$2208.83

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

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