

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000042
Policy ID: POL-PRKWSXIMT
Incident Type: Auto Accident
Incident Date: 2024-05-08
Report Date: 2024-06-02

Contact Information

Claimant: Tony Olsen
Adjuster: Eileen Miranda
Phone: (914)877-7940x71771
Email: bnguyen@example.org
Address: 41075 Kelly Station Suite 114, New Malloryview, VI 33316

Incident Description

A collision occurred when the insured was making a left turn at the intersection of Sara Extensions & Eric Crossroad. The other vehicle, driven by Christopher Torres PhD, ignored stop sign.

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
Rental Car	Insurance waiver	\$236.17
Vehicle Repair	Headlight repair	\$1464.74
Vehicle Repair	Door panel	\$1054.89
Total Claim Amount		\$2755.80

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

TrustShield Corp

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

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