

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000043
Policy ID: POL-NWESDGBLR
Incident Type: Auto Accident
Incident Date: 2025-05-28
Report Date: 2025-06-10

Contact Information

Claimant: Jessica Gross
Adjuster: Mchelle Mcdaniel
Phone: 880.302.6743x0176
Email: michaelgray@example.com
Address: 1964 Erik Walk, Katherineport, NV 48752

Incident Description

A multi-vehicle accident occurred on Bell Well during fractured leg. The insured was involved in a 5-car chain reaction.

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	Physical therapy	\$1781.20
Rental Car	Insurance waiver	\$226.42
Rental Car	Rental car (daily rate)	\$1087.17
Total Claim Amount		\$3094.79

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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