

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Low

Claim Information

Claim ID: CLM-000045
Policy ID: POL-TSDLLGUCB
Incident Type: Auto Accident
Incident Date: 2024-03-10
Report Date: 2024-03-19

Contact Information

Claimant: Jason Nunez
Adjuster: Michael Holland
Phone: +1-581-737-1386
Email: tcurtis@example.net
Address: 57389 Jonathan Glen Apt. 998, Rossfort, WV 14981

Incident Description

A collision occurred when the insured was making a left turn at the intersection of Julie Flat & John Unions. The other vehicle, driven by Lori Faulkner, ran a red light.
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	\$707.38
Towing	Roadside assistance	\$569.62
Vehicle Repair	Paint and labor	\$343.71
Medical	Medication	\$306.56
Towing	Storage fees	\$217.14
Total Claim Amount		\$2144.41

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

FirstChoice Insurance

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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