

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Low

Claim Information

Claim ID: CLM-000048
Policy ID: POL-WKOPZEOHW
Incident Type: Property Damage
Incident Date: 2025-08-02
Report Date: 2025-08-26

Contact Information

Claimant: Mrs. Ashley Keller
Adjuster: Jaclyn Torres
Phone: 307-377-4912
Email: patrickquinn@example.net
Address: 608 Kyle Circles Apt. 570, Port Jacob, MP 48237

Incident Description

Vandalism to the insured's fence was discovered at 770 Martin Plaza, Port Christina, MP 11903 on 2025-08-02. Police report #POL89679186 filed with Lake Paulburgh Police Department.

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
Water Damage	Floor refinishing	\$235.48
Cleanup	Temporary storage	\$193.52
Cleanup	Temporary storage	\$972.93
Water Damage	Floor refinishing	\$195.57
Structural Repair	Wall replacement	\$674.48
Total Claim Amount		\$2271.98

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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