

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Low

Claim Information

Claim ID: CLM-000050
Policy ID: POL-ZQJWEUAKJ
Incident Type: Weather Damage
Incident Date: 2024-01-24
Report Date: 2024-02-16

Contact Information

Claimant: Anthony Taylor
Adjuster: Michael Fry
Phone: 001-558-538-4880x2705
Email: jonathan00@example.net
Address: 0433 Janice Glen, Lisastad, AL 81525

Incident Description

tornado-force winds during hailstorm caused damage to the insured's at 6477 William Flat Apt. 745, Port Ryan, AK 19543. Wind speeds reached mph.
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
Roof Repair	Shingle replacement	\$132.88
Water Damage	Carpet replacement	\$625.64
Roof Repair	Shingle replacement	\$428.58
Cleanup	Emergency services	\$589.13
Total Claim Amount		\$1776.23

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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