

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000053
Policy ID: POL-CLTXGUUME
Incident Type: Medical Claim
Incident Date: 2024-05-31
Report Date: 2024-06-02

Contact Information

Claimant: Tammy George
Adjuster: Kenneth Clark
Phone: +1-659-900-7117x967
Email: nkelly@example.com
Address: PSC 6182, Box 4294, APO AE 42556

Incident Description

The insured required emergency surgery for appendicitis at Dominguezmouth Medical Center, resulting in a 1-day hospital stay under the care of Dr. Denise Lambert.

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
Hospital	Hospital stay	\$496.86
Hospital	Lab tests	\$1450.01
Medication	Pain medication	\$1434.80
Total Claim Amount		\$3381.67

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

Form *CL-6927* | Rev. 2024 | Generated: 2025-09-07 00:29