

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: High

Claim Information

Claim ID: CLM-000054
Policy ID: POL-GALDCKUJZ
Incident Type: Personal Injury
Incident Date: 2024-05-02
Report Date: 2024-05-21

Contact Information

Claimant: Ryan Carter
Adjuster: Charles Wright
Phone: (310)278-3299
Email: jeffrey91@example.net
Address: 60130 Schneider Ports Suite 794, Rileyberg, LA 22873

Incident Description

The insured slipped and fell on a oil spill at Hansen-Macdonald, resulting in head injury.

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
Equipment	Crutches	\$961.83
Equipment	Crutches	\$158.32
Lost Wages	Time off work	\$629.01
Lost Wages	Time off work	\$289.74
Equipment	Medical devices	\$438.69
Total Claim Amount		\$2477.59

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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