

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000060
Policy ID: POL-AMMPWYMMT
Incident Type: Auto Accident
Incident Date: 2024-05-16
Report Date: 2024-05-22

Contact Information

Claimant: Alicia Shepherd
Adjuster: John Williams
Phone: 299.841.0078x5821
Email: jacob23@example.org
Address: 7393 Larsen Harbor Suite 761, Morganport, NM20902

Incident Description

A collision occurred when the insured was making a left turn at the intersection of Stewart Field & Mitchell Road. The other vehicle, driven by Hayley Gardner, was speeding.

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	Gas and mileage	\$938.23
Vehicle Repair	Headlight repair	\$611.52
Rental Car	Gas and mileage	\$666.76
Medical	Emergency room visit	\$170.92
Vehicle Repair	Paint and labor	\$443.86
Total Claim Amount		\$2831.29

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SecureGuard Insurance

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

Form CG-1038 | Rev. 2024 | Generated: 2025-09-07 00:29