

# SafeHaven Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: Medium

### Claim Information

Claim ID: CLM-000061  
Policy ID: POL-SDNCYWTNH  
Incident Type: Property Damage  
Incident Date: 2024-05-06  
Report Date: 2024-05-17

### Contact Information

Claimant: Kelly Kennedy  
Adjuster: David Shah  
Phone: +1-945-983-2690x823  
Email: tammy71@example.org  
Address: 456 Adams Parks, Phillipschester, UT 41713

### Incident Description

damage to the occurred at 963 Amy Circles, Millerchester, HI 59262 during a severe weather event on 2024-05-06. 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    |
|--------------------|-------------------|-----------|
| Cleanup            | Temporary storage | \$382.99  |
| Cleanup            | Temporary storage | \$460.85  |
| Structural Repair  | Roof repair       | \$685.27  |
| Total Claim Amount |                   | \$1529.11 |

Claimant Signature

Date: \_\_\_\_\_

Adjuster Signature

Date: \_\_\_\_\_

1234 Insurance Blvd, Suite 100, Financial District, NY 10001  
Phone: 1-800-CLAIMS-1 | Email: [claims@safehaven.com](mailto:claims@safehaven.com)  
[www.safehaven.com](http://www.safehaven.com)

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