

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000062
Policy ID: POL-ZRRYYUFJT
Incident Type: Auto Accident
Incident Date: 2025-08-12
Report Date: 2025-09-06

Contact Information

Claimant: Sara Gibson
Adjuster: Tracy Williams
Phone: +1-738-455-5649x72083
Email: edwardslaura@example.com
Address: 7636 Lonnie Circle, East Susanville, KS 95875

Incident Description

A multi-vehicle accident occurred on Connie Station during pneumonia. The insured was involved in a 2-car chain reaction.

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
Towing	Roadside assistance	\$2056.59
Medical	X-ray examination	\$184.74
Vehicle Repair	Paint and labor	\$367.26
Vehicle Repair	Front bumper replacement	\$363.73
Towing	Storage fees	\$61.32
Rental Car	Insurance waiver	\$443.76
Total Claim Amount		\$3477.40

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

FirstChoice Insurance

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