

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000063
Policy ID: POL-QQFLOODBU
Incident Type: Auto Accident
Incident Date: 2024-06-26
Report Date: 2024-06-29

Contact Information

Claimant: Karen Barnett
Adjuster: William Peck
Phone: +1-847-728-5720x56064
Email: daniel41@example.org
Address: 489 Chris Tunnel Suite 146, Hawkinsfort, OH 58357

Incident Description

The insured's vehicle was struck on the passenger side while parked at Costaland. The other driver, Keith Franklin, was changing lanes abruptly.

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	Rental car (daily rate)	\$796.11
Vehicle Repair	Front bumper replacement	\$378.69
Towing	Storage fees	\$231.52
Medical	Medication	\$1683.11
Total Claim Amount		\$3089.43

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

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