

# SecureGuard Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Denied

Priority: Medium

### Claim Information

Claim ID: CLM-000064  
Policy ID: POL-CINV/MXFBP  
Incident Type: Auto Accident  
Incident Date: 2024-10-02  
Report Date: 2024-10-15

### Contact Information

Claimant: Elizabeth Hernandez  
Adjuster: Jose Blair  
Phone: 001-946-579-1542x24982  
Email: bcoleman@example.net  
Address: 23470 Thomas Tunnel Apt. 949, South Jenniferport, IN 57385

### Incident Description

The insured was rear-ended while stopped at a traffic light at Kramer Wall & Shepherd Track on 2024-10-02 at approximately 00:02:56. The other driver, Richard Anderson, failed to stop in time due to 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    |
|--------------------|---------------------|-----------|
| Medical            | X-ray examination   | \$385.47  |
| Towing             | Roadside assistance | \$946.83  |
| Rental Car         | Gas and mileage     | \$213.08  |
| Rental Car         | Insurance waiver    | \$83.07   |
| Rental Car         | Gas and mileage     | \$889.84  |
| Total Claim Amount |                     | \$2518.29 |

Claimant Signature

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

Adjuster Signature

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

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**SecureGuard Insurance**

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

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