

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000065
Policy ID: POL-FXYKNJFEU
Incident Type: Medical Claim
Incident Date: 2024-12-22
Report Date: 2024-12-26

Contact Information

Claimant: Michael Smith
Adjuster: Amanda Walker
Phone: 001-463-772-6814
Email: jamesdaniel@example.net
Address: 920 Jeffrey Shore, Lake Rachelchester, NJ 45329

Incident Description

Emergency cardiac procedure was needed after the insured slipped on a wet floor at East Bobbychester.

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
Hospital	Surgery	\$1398.66
Hospital	Lab tests	\$148.86
Specialist	Follow-up visits	\$1845.16
Total Claim Amount		\$3392.68

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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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