

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Medium

Claim Information

Claim ID: CLM-000066
Policy ID: POL-IGSSKROLG
Incident Type: Property Damage
Incident Date: 2025-07-01
Report Date: 2025-07-31

Contact Information

Claimant: Kevin Thomas
Adjuster: Yvonne Dominguez
Phone: +1-798-616-9663x059
Email: kevincoleman@example.net
Address: 421 Candace Port, New Deannastad, PA 06791

Incident Description

Water damage occurred at 104 Daniel Mews Apt. 579, Brandonstad, CA 14034 due to a wet road conditions in the West Alfred, affecting the friend, million.

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	Professional cleaning	\$956.29
Water Damage	Carpet replacement	\$403.30
Cleanup	Professional cleaning	\$463.22
Total Claim Amount		\$1822.81

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
Phone: 1-800-CLAIMS-1 | Email: claims@safehaven.com
www.safehaven.com

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