

# SafeHaven Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: Medium

### Claim Information

Claim ID: CLM-000068  
Policy ID: POL-KOYPTRXSO  
Incident Type: Property Damage  
Incident Date: 2025-03-26  
Report Date: 2025-04-25

### Contact Information

Claimant: Breanna Li  
Adjuster: Amy Chandler  
Phone: 7026873826  
Email: csmith@example.net  
Address: Unit 5877 Box 6124, DPO AE 80137

### Incident Description

Vandalism to the insured's fence was discovered at 459 Amy Brooks Suite 108, Meyerville, MN 08368 on 2025-03-26. Police report #POL26806552 filed with West Johnchester Police Department.

*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    |
|--------------------|-----------------------|-----------|
| Water Damage       | Floor refinishing     | \$757.62  |
| Water Damage       | Mold remediation      | \$306.86  |
| Cleanup            | Professional cleaning | \$239.45  |
| Cleanup            | Professional cleaning | \$175.76  |
| Water Damage       | Mold remediation      | \$92.13   |
| Cleanup            | Professional cleaning | \$82.03   |
| Total Claim Amount |                       | \$1653.85 |

Claimant Signature

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

**Adjuster Signature**

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

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**SafeHaven Insurance**

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

*Form CL-4628 | Rev. 2025 | Generated: 2025-09-07 00:29*