

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Low

Claim Information

Claim ID: CLM-000071
Policy ID: POL-SRPEHDAV
Incident Type: Auto Accident
Incident Date: 2025-08-06
Report Date: 2025-09-03

Contact Information

Claimant: Hector Rubio
Adjuster: Judy Moore
Phone: 6388192473
Email: patricia84@example.com
Address: 90152 Pena Radial, Adamsland, ID 21519

Incident Description

The insured was rear-ended while stopped at a traffic light at Strickland Harbors & Kennedy Ridges on 2025-08-06 at approximately 17:47:32. The other driver, Joann Herrera, failed to stop in time due to mechanical failure.

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
Vehicle Repair	Front bumper replacement	\$1483.55
Vehicle Repair	Paint and labor	\$698.79
Rental Car	Insurance waiver	\$248.06
Medical	Emergency room visit	\$443.00
Total Claim Amount		\$2873.40

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

TrustShield Corp

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

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