

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Medium

Claim Information

Claim ID: CLM-000075
Policy ID: POL-ODTROYVVR
Incident Type: Auto Accident
Incident Date: 2025-08-07
Report Date: 2025-08-11

Contact Information

Claimant: Richard Stuart
Adjuster: Robin Leon
Phone: 739.563.8822
Email: dmartinez@example.org
Address: 327 Matthew Spur, Peterport, GU 78482

Incident Description

The insured was rear-ended while stopped at a traffic light at Barrett Ford & Williams Manors on 2025-08-07 at approximately 19:20:50. The other driver, Theresa Parker, 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
Rental Car	Rental car (daily rate)	\$1150.03
Vehicle Repair	Door panel	\$801.62
Towing	Vehicle towing service	\$1394.83
Total Claim Amount		\$3346.48

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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

Form CL-9104 | Rev. 2025 | Generated: 2025-09-07 00:29