

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000076
Policy ID: POL-SLFLPYLUQ
Incident Type: Auto Accident
Incident Date: 2025-01-05
Report Date: 2025-02-02

Contact Information

Claimant: George Walker
Adjuster: Ann Alvarez
Phone: 423-868-6531x56373
Email: figueroamary@example.com
Address: 6099 Samuel Divide Apt. 873, Washington, TX 10180

Incident Description

The insured's vehicle was struck on the driver side while parked at East Nancyfort. The other driver, Kimberly Wall, was changing lanes abruptly.

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)	\$1516.61
Towing	Vehicle towing service	\$251.07
Rental Car	Rental car (daily rate)	\$76.80
Medical	Physical therapy	\$612.83
Vehicle Repair	Headlight repair	\$196.75
Vehicle Repair	Door panel	\$600.60
Total Claim Amount		\$3254.66

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

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

Form CL-3311 | Rev. 2025 | Generated: 2025-09-07 00:29