

# SecureGuard Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: Low

### Claim Information

Claim ID: CLM-000077  
Policy ID: POL-PCWGYZMIX  
Incident Type: Auto Accident  
Incident Date: 2025-02-06  
Report Date: 2025-02-22

### Contact Information

Claimant: Lauren Johnson  
Adjuster: Anna Liu  
Phone: 263-442-6397x4943  
Email: willianjimenez@example.com  
Address: 212 Gregory Station Suite 058, Lake Sharon, NM34756

### Incident Description

The insured's vehicle was struck on the driver side while parked at Lake Juanfort. The other driver, Christopher Morris, was parking improperly.

*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 | \$328.35  |
| Towing             | Storage fees             | \$94.44   |
| Medical            | Emergency room visit     | \$922.83  |
| Rental Car         | Gas and mileage          | \$1873.35 |
| Total Claim Amount |                          | \$3218.97 |

Claimant Signature

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

Adjuster Signature

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

**SecureGuard Insurance**

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

*Form CL-1154 | Rev. 2025 | Generated: 2025-09-07 00:29*