

# TrustShield Corp

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: Low

### Claim Information

Claim ID: CLM-000080  
Policy ID: POL-PJNTGTJH  
Incident Type: Personal Injury  
Incident Date: 2025-07-03  
Report Date: 2025-07-28

### Contact Information

Claimant: Joshua Meyers  
Adjuster: Haley McMahon  
Phone: 270.524.9473x4507  
Email: deannawood@example.com  
Address: Unit 3687 Box 9927, DPO AE 31366

### Incident Description

The insured was injured when at Colon, Hale and Cooper, striking them on the .

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    |
|--------------------|-----------------------|-----------|
| Medical            | X-ray                 | \$321.07  |
| Lost Wages         | Reduced capacity work | \$613.89  |
| Equipment          | Walking boot          | \$545.38  |
| Equipment          | Walking boot          | \$409.95  |
| Total Claim Amount |                       | \$1890.29 |

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](mailto:claims@trustshield.com)  
[www.trustshield.com](http://www.trustshield.com)

*Form CL-8408 | Rev. 2025 | Generated: 2025-09-07 00:29*