

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: High

Claim Information

Claim ID: CLM-000081
Policy ID: POL-GGETXBPYC
Incident Type: Auto Accident
Incident Date: 2024-11-23
Report Date: 2024-12-11

Contact Information

Claimant: Scott Reed
Adjuster: Alan Ferguson
Phone: 001-208-477-1290x0010
Email: rachel33@example.com
Address: 82741 White Circle Suite 952, East Kevin, M 97071

Incident Description

A multi-vehicle accident occurred on Knight Mill during appendicitis. The insured was involved in a 6-car chain reaction.

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	Paint and labor	\$142.56
Rental Car	Insurance waiver	\$691.34
Rental Car	Gas and mileage	\$298.92
Vehicle Repair	Headlight repair	\$380.78
Total Claim Amount		\$1513.60

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
www.secureguard.com

Form CL-1031 | Rev. 2024 | Generated: 2025-09-07 00:29