

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: High

Claim Information

Claim ID: CLM-000082
Policy ID: POL-BTZMVCYO
Incident Type: Auto Accident
Incident Date: 2025-06-01
Report Date: 2025-06-19

Contact Information

Claimant: Susan Lawrence
Adjuster: Ann Hall
Phone: 2416913233
Email: justin20@example.com
Address: 5398 Monica Fork Apt. 547, North Debramouth, AS 07033

Incident Description

The insured's vehicle was struck on the driver side while parked at Rachelmouth. The other driver, Ricardo Wilkins, 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
Medical	Medication	\$1966.19
Medical	Physical therapy	\$168.15
Vehicle Repair	Paint and labor	\$1171.45
Total Claim Amount		\$3305.79

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

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