

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Low

Claim Information

Claim ID: CLM-000083
Policy ID: POL-VPV/KHSTJW
Incident Type: Property Damage
Incident Date: 2025-06-01
Report Date: 2025-06-22

Contact Information

Claimant: Karen Scott
Adjuster: Terri Barrett
Phone: +1-559-749-4362
Email: nealraymond@example.com
Address: 6017 Odonnell Wells, Maryborough, WA 62241

Incident Description

damage to the occurred at PSC 8307, Box 4166, APO AE93937 during a severe weather event on 2025-06-01. Wind speeds reached mph.

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
Cleanup	Temporary storage	\$1472.03
Water Damage	Floor refinishing	\$855.58
Cleanup	Temporary storage	\$537.05
Cleanup	Professional cleaning	\$262.97
Cleanup	Professional cleaning	\$348.46
Total Claim Amount		\$3476.09

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

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