

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Medium

Claim Information

Claim ID: CLM-000084
Policy ID: POL-QIXRGH-PAI
Incident Type: Auto Accident
Incident Date: 2024-10-30
Report Date: 2024-11-27

Contact Information

Claimant: Stephen Allen
Adjuster: Brian Scott
Phone: 657.962.1083x85238
Email: glenn83@example.com
Address: Unit 3438 Box 3371, DPO AA 62368

Incident Description

The insured was rear-ended while stopped at a traffic light at Sanchez Skyway & Thomas Drive on 2024-10-30 at approximately 06:10:51. The other driver, Jeremy Shaw, failed to stop in time due to mechanical failure.

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	Door panel	\$379.87
Vehicle Repair	Headlight repair	\$506.06
Vehicle Repair	Paint and labor	\$423.43
Towing	Roadside assistance	\$546.40
Total Claim Amount		\$1855.76

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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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