

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000085
Policy ID: POL-RSIECYGRS
Incident Type: Auto Accident
Incident Date: 2025-09-02
Report Date: 2025-09-12

Contact Information

Claimant: Sean Ford
Adjuster: Michael Taylor
Phone: 001-242-656-9771x6399
Email: jacksontanya@example.org
Address: 3459 Pollard Port Suite 216, Mannland, IN49040

Incident Description

The insured was rear-ended while stopped at a traffic light at Richardson Gateway & Matthew Ports on 2025-09-02 at approximately 12:17:49. The other driver, Andrew Ferguson, 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
Towing	Roadside assistance	\$286.60
Rental Car	Rental car (daily rate)	\$252.44
Rental Car	Rental car (daily rate)	\$846.29
Towing	Storage fees	\$266.80
Vehicle Repair	Door panel	\$160.78
Vehicle Repair	Front bumper replacement	\$1433.11
Total Claim Amount		\$3246.02

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
www.trustshield.com

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