

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Medium

Claim Information

Claim ID: CLM-000087
Policy ID: POL-MYKKDUKO
Incident Type: Auto Accident
Incident Date: 2025-07-16
Report Date: 2025-08-11

Contact Information

Claimant: Jeremy Fry
Adjuster: Walter Ortiz
Phone: 7785378771
Email: thomaschristopher@example.org
Address: 15101 Daniel Divide Suite 048, Lake Margaret, WA 38892

Incident Description

A multi-vehicle accident occurred on John Walk during fractured leg. The insured was involved in a 3-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
Tow ing	Roadside assistance	\$1120.66
Tow ing	Storage fees	\$1042.61
Vehicle Repair	Paint and labor	\$303.11
Vehicle Repair	Front bumper replacement	\$188.87
Medical	Physical therapy	\$752.50
Total Claim Amount		\$3407.75

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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