

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000088
Policy ID: POL-QVOWLSSPF
Incident Type: Theft
Incident Date: 2025-01-06
Report Date: 2025-01-19

Contact Information

Claimant: Juan Stevens
Adjuster: Robert Bauer
Phone: 422-315-8936x33522
Email: chambersdavid@example.net
Address: Unit 6430 Box 2946, DPO AE 31596

Incident Description

The insured's Car was stolen from their West Erikchester at 4669 Alejandro Divide Apt. 524, Natalieport, SC 92915 overnight on 2025-01-06. Entry was gained through picked lock.

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
Security	Window repair	\$1584.67
Investigation	Police report fee	\$377.80
Stolen Items	Between	\$1352.27
Total Claim Amount		\$3314.74

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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