

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000091
Policy ID: POL-XJZCHWOWD
Incident Type: Auto Accident
Incident Date: 2025-04-22
Report Date: 2025-05-06

Contact Information

Claimant: Evan Dorsey
Adjuster: Kristin Miranda
Phone: (750)958-7189x449
Email: susanoliver@example.org
Address: PSC 6736, Box 6005, APO AA 73133

Incident Description

A collision occurred when the insured was making a left turn at the intersection of Jonathan Creek & Harris Prairie. The other vehicle, driven by Timothy Dunn, was speeding.

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	\$439.86
Rental Car	Insurance waiver	\$347.65
Vehicle Repair	Headlight repair	\$835.40
Medical	X-ray examination	\$72.28
Vehicle Repair	Front bumper replacement	\$525.98
Vehicle Repair	Front bumper replacement	\$448.34
Total Claim Amount		\$2669.51

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

Form CG-7254 | Rev. 2025 | Generated: 2025-09-07 00:29