

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000093
Policy ID: POL-XVHZUROMJ
Incident Type: Property Damage
Incident Date: 2025-01-24
Report Date: 2025-02-03

Contact Information

Claimant: Angela Morrison
Adjuster: Ann Hall
Phone: (663)490-1101x031
Email: shelby04@example.net
Address: 4820 Johnson Hills Apt. 996, South Carly, KY 28255

Incident Description

Vandalism to the insured's siding was discovered at 6278 James Highway, Lake Andreabury, AS 11712 on 2025-01-24. Police report #POL83104516 filed with Robertport Police Department.

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
Cleanup	Temporary storage	\$1415.75
Structural Repair	Door repair	\$522.69
Water Damage	Carpet replacement	\$1007.57
Total Claim Amount		\$2946.01

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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