

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: High

Claim Information

Claim ID: CLM-000095
Policy ID: POL-RJKBSOOKS
Incident Type: Auto Accident
Incident Date: 2024-08-25
Report Date: 2024-09-12

Contact Information

Claimant: Susan Perez
Adjuster: Brian Williams
Phone: (234)255-0171
Email: ericaconnell@example.net
Address: 4568 Sarah Row Suite 886, West Christophertown, NY 21567

Incident Description

A collision occurred when the insured was making a left turn at the intersection of Shelly Trafficway & Sarah Garden. The other vehicle, driven by Vincent Jones, failed to yield.

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
Medical	Medication	\$400.08
Medical	X-ray examination	\$775.78
Rental Car	Gas and mileage	\$374.73
Vehicle Repair	Headlight repair	\$1676.78
Total Claim Amount		\$3227.37

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
Phone: 1-800-CLAIMS-1 | Email: claims@clearpathcoverage.com
www.clearpathcoverage.com

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