

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000097
Policy ID: POL-KNLJGZBIY
Incident Type: Auto Accident
Incident Date: 2025-03-13
Report Date: 2025-04-06

Contact Information

Claimant: Nancy Cameron
Adjuster: Kimberly Walton
Phone: +1-264-410-2196
Email: vlewis@example.org
Address: 60022 Michael Ridges Suite 975, Stephanieland, GA 64649

Incident Description

The insured's vehicle was struck on the driver side while parked at Lewisberg. The other driver, Alexis Golden, was parking improperly.

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
Rental Car	Gas and mileage	\$777.81
Medical	X-ray examination	\$211.25
Rental Car	Rental car (daily rate)	\$457.40
Vehicle Repair	Front bumper replacement	\$502.16
Rental Car	Rental car (daily rate)	\$161.87
Towing	Vehicle towing service	\$270.55
Total Claim Amount		\$2381.04

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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Phone: 1-800-CLAIMS-1 | Email: claims@safehaven.com
www.safehaven.com

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