

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000098
Policy ID: POL-LQOLMQBJX
Incident Type: Auto Accident
Incident Date: 2025-05-12
Report Date: 2025-06-10

Contact Information

Claimant: Justin Collins
Adjuster: Francisco Gibson
Phone: +1-236-683-2183
Email: samanthabates@example.net
Address: 4641 Lewis Lake Apt. 560, Castilloborough, NV 72260

Incident Description

The insured's vehicle was struck on the driver side while parked at New Jeffrey. The other driver, Joshua Morrison, was reversing out of a driveway.

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	\$894.19
Rental Car	Rental car (daily rate)	\$386.35
Vehicle Repair	Door panel	\$114.69
Vehicle Repair	Door panel	\$258.02
Medical	Emergency room visit	\$1573.12
Total Claim Amount		\$3226.37

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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