

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000099
Policy ID: POL-UGAVNTDVZ
Incident Type: Property Damage
Incident Date: 2025-06-29
Report Date: 2025-07-18

Contact Information

Claimant: Jessica Greene
Adjuster: Michael Anderson
Phone: 001-677-721-5732
Email: karenmiller@example.org
Address: 2255 Deborah Square, West Ashley, NC 43953

Incident Description

damage to the occurred at 872 Brandon Mill, South Valeriehaven, M 81516 during a severe weather event on 2025-06-29. Wind speeds reached mph.

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
Water Damage	Mold remediation	\$1090.27
Water Damage	Floor refinishing	\$449.41
Structural Repair	Wall replacement	\$348.29
Total Claim Amount		\$1887.97

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

Form *CL-1169* | Rev. 2025 | Generated: 2025-09-07 00:29