

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Medium

Claim Information

Claim ID: CLM-000100
Policy ID: POL-GULEGEVEA
Incident Type: Property Damage
Incident Date: 2024-12-17
Report Date: 2024-12-27

Contact Information

Claimant: Sabrina Cruz
Adjuster: Jesse Smith
Phone: 742.426.4927x635
Email: dgarner@example.com
Address: 746 Kane Rue, Lowehaven, UT 55722

Incident Description

damage to the occurred at 8240 Kelley Extension Apt. 439, Gilbertshire, MD 15122 during a severe weather event on 2024-12-17. 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
Cleanup	Professional cleaning	\$695.05
Water Damage	Carpet replacement	\$140.44
Cleanup	Temporary storage	\$1354.92
Water Damage	Carpet replacement	\$336.13
Cleanup	Temporary storage	\$380.32
Cleanup	Debris removal	\$519.65
Total Claim Amount		\$3426.51

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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

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