

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: Low

Claim Information

Claim ID: CLM-000008
Policy ID: POL-URJX-HSLSP
Incident Type: Personal Injury
Incident Date: 2025-01-21
Report Date: 2025-01-26

Contact Information

Claimant: Logan Morton
Adjuster: Patrick Brooks
Phone: 873-692-5671x889
Email: brian08@example.com
Address: 3488 Christopher Place Suite 870, East Yvonnehaven, NH 88959

Incident Description

The insured slipped and fell on a oil spill at Knapp Group, resulting in head injury.
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	X-ray	\$661.91
Medical	Physical therapy	\$85.65
Lost Wages	Reduced capacity work	\$214.37
Lost Wages	Time off work	\$2059.97
Total Claim Amount		\$3021.90

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

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