

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved Priority: Medium

Claim Information

Claim ID: CLM-000014
Policy ID: POL-DKTMABDU
Incident Type: Auto Accident
Incident Date: 2024-08-05
Report Date: 2024-08-13

Contact Information

Claimant: Ann Martin
Adjuster: Pamela Bates
Phone: (873)525-1178x179
Email: cody01@example.org
Address: 9887 Wright Springs, New Louis, WA 59268

Incident Description

A collision occurred when the insured was making a left turn at the intersection of George Heights & McBride Fields. The other vehicle, driven by Paul Gardner, ran a red light.

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
Vehicle Repair	Front bumper replacement	\$719.92
Towing	Vehicle towing service	\$390.04
Towing	Storage fees	\$162.07
Vehicle Repair	Door panel	\$828.11
Vehicle Repair	Front bumper replacement	\$622.27
Total Claim Amount		\$2722.41

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

FirstChoice Insurance

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