

# TrustShield Corp

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: High

### Claim Information

Claim ID: CLM-000017  
Policy ID: POL-NFZQTEUM  
Incident Type: Property Damage  
Incident Date: 2024-10-21  
Report Date: 2024-11-14

### Contact Information

Claimant: Alexis Hill  
Adjuster: Bryan Ward  
Phone: (502)723-2125x55892  
Email: robyn01@example.com  
Address: 528 Jones Run, Jennifertown, PR 83703

### Incident Description

Vandalism to the insured's siding was discovered at PSC 7608, Box 9872, APO AP 89945 on 2024-10-21. Police report #POL25705052 filed with Coxhaven Police Department.

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    |
|--------------------|--------------------|-----------|
| Structural Repair  | Window replacement | \$1254.76 |
| Cleanup            | Temporary storage  | \$446.64  |
| Water Damage       | Mold remediation   | \$178.70  |
| Water Damage       | Mold remediation   | \$683.14  |
| Water Damage       | Drywall repair     | \$617.89  |
| Total Claim Amount |                    | \$3181.13 |

Claimant Signature

Date: \_\_\_\_\_

Adjuster Signature

Date: \_\_\_\_\_

**TrustShield Corp**

1234 Insurance Blvd, Suite 100, Financial District, NY 10001  
Phone: 1-800-CLAIMS-1 | Email: [claims@trustshield.com](mailto:claims@trustshield.com)  
[www.trustshield.com](http://www.trustshield.com)

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