

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Priority: High

Claim Information

Claim ID: CLM-000020
Policy ID: POL-ELWSMDYRO
Incident Type: Property Damage
Incident Date: 2024-02-15
Report Date: 2024-03-09

Contact Information

Claimant: Alexander Potts
Adjuster: Mchelle Murray
Phone: 453.311.1665x95016
Email: floresjoseph@example.net
Address: USOCG Harris, FPO AE 21964

Incident Description

damage to the occurred at 6022 Lee Junctions Suite 846, Dannyport, MP 35071 during a severe weather event on 2024-02-15. 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
Structural Repair	Roof repair	\$972.52
Water Damage	Carpet replacement	\$1002.46
Structural Repair	Door repair	\$833.00
Total Claim Amount		\$2807.98

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
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www.safehaven.com

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