

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Medium

Claim Information

Claim ID: CLM-000021
Policy ID: POL-XKNGSHVEH
Incident Type: Personal Injury
Incident Date: 2025-05-24
Report Date: 2025-06-03

Contact Information

Claimant: Justin Gregory
Adjuster: Beverly Weber
Phone: 317-886-3318x75906
Email: jenna61@example.net
Address: USOGC Reed, FPO AA 02070

Incident Description

While attending an event at Jonathanmouth, the insured slipped on a wet floor due to distracted driving, causing fractured arm

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
Equipment	Walking boot	\$183.55
Lost Wages	Time off work	\$772.05
Equipment	Walking boot	\$397.70
Lost Wages	Reduced capacity work	\$54.05
Equipment	Medical devices	\$671.52
Total Claim Amount		\$2078.87

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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Phone: 1-800-CLAIMS-1 | Email: claims@safehaven.com
www.safehaven.com

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