

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000022
Policy ID: POL-XRBAQQTJC
Incident Type: Property Damage
Incident Date: 2024-11-25
Report Date: 2024-12-13

Contact Information

Claimant: Daniel Harris
Adjuster: Angela Davis
Phone: 001-724-758-8423x221
Email: robertwelch@example.net
Address: USNV Richardson, FPO AE 53228

Incident Description

A large oak tree fell on the insured's roof at 42049 Warner Trail Suite 455, North Richardfort, CT 23496 during a severe thunderstorm on 2024-11-25, causing significant structural damage to the living room.

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	Wall replacement	\$1111.78
	Mold remediation	\$192.37
Water Damage	Carpet replacement	\$231.65
Water Damage	Mold remediation	\$858.36
Cleanup	Temporary storage	\$144.22
Structural Repair	Door repair	\$644.75
Total Claim Amount		\$3183.13

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SecureGuard Insurance

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