

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: High

Claim Information

Claim ID: CLM-000029
Policy ID: POL-GMMOFVLG
Incident Type: Theft
Incident Date: 2025-08-05
Report Date: 2025-08-28

Contact Information

Claimant: Brian Dickerson
Adjuster: Michael Russell
Phone: 478-325-1850x37951
Email: hsmith@example.org
Address: Unit 8064 Box 0582, DPO AP 52489

Incident Description

The insured's backpack containing develop, must was stolen at a shopping mall at Roberts-Dawson.

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
Security	Window repair	\$664.62
Security	Window repair	\$257.87
Stolen Items	These	\$548.00
Security	Security system upgrade	\$933.53
Investigation	Documentation costs	\$88.57
Security	Window repair	\$707.88
Total Claim Amount		\$3200.47

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

FirstChoice Insurance

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
Phone: 1-800-CLAIMS-1 | Email: claims@firstchoice.com
www.firstchoice.com

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