

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000031
Policy ID: POL-PSBWVDBRR
Incident Type: Auto Accident
Incident Date: 2024-08-28
Report Date: 2024-09-05

Contact Information

Claimant: Sarah Wright
Adjuster: Adam Jackson
Phone: 997-656-4055x47182
Email: ycoleman@example.com
Address: 682 Russell River Apt. 633, North Scott, NH 98639

Incident Description

The insured was rear-ended while stopped at a traffic light at Vasquez Valleys & Janice Parks on 2024-08-28 at approximately 14:31:23. The other driver, Raymond Nixon, failed to stop in time due to speeding.

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
Vehicle Repair	Door panel	\$1241.25
Rental Car	Gas and mileage	\$145.76
Rental Car	Insurance waiver	\$1529.90
Total Claim Amount		\$2916.91

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

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