

# SafeHaven Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: High

### Claim Information

Claim ID: CLM-000039  
Policy ID: POL-AECTISXZU  
Incident Type: Auto Accident  
Incident Date: 2024-03-28  
Report Date: 2024-04-10

### Contact Information

Claimant: Darlene Dean  
Adjuster: Amber Jones  
Phone: (392)772-0372  
Email: john92@example.org  
Address: 06176 Sarah Glen, Kelleyland, GA 81249

### Incident Description

The insured's vehicle was struck on the driver side while parked at Thompsonbury. The other driver, Colin Gordon, was reversing out of a driveway.  
*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    |
|--------------------|-------------------------|-----------|
| Towing             | Storage fees            | \$1235.66 |
| Rental Car         | Rental car (daily rate) | \$552.20  |
| Medical            | Physical therapy        | \$179.15  |
| Rental Car         | Gas and mileage         | \$113.32  |
| Medical            | X-ray examination       | \$667.93  |
| Total Claim Amount |                         | \$2748.26 |

Claimant Signature

Date: \_\_\_\_\_

Adjuster Signature

Date: \_\_\_\_\_

**SafeHaven Insurance**

1234 Insurance Blvd, Suite 100, Financial District, NY 10001  
Phone: 1-800-CLAIMS-1 | Email: [claims@safehaven.com](mailto:claims@safehaven.com)  
[www.safehaven.com](http://www.safehaven.com)

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