

# FirstChoice Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: High

### Claim Information

Claim ID: CLM-000041  
Policy ID: POL-WXBZHDRKE  
Incident Type: Auto Accident  
Incident Date: 2024-05-04  
Report Date: 2024-06-01

### Contact Information

Claimant: Kristen Johnson  
Adjuster: Tiffany Stephens  
Phone: +1-216-513-9997x346  
Email: briandavis@example.net  
Address: 343 Pamela Ranch, Cathyside, NY 84559

### Incident Description

The insured's vehicle was struck on the driver side while parked at Jonestown. The other driver, Diana Jackson, was parking improperly.

*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    |
|--------------------|-------------------------|-----------|
| Medical            | Emergency room visit    | \$668.89  |
| Towing             | Roadside assistance     | \$266.03  |
| Rental Car         | Rental car (daily rate) | \$1273.91 |
| Total Claim Amount |                         | \$2208.83 |

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](mailto:claims@firstchoice.com)  
[www.firstchoice.com](http://www.firstchoice.com)

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