

FirstChoice Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000047
Policy ID: POL-DDFFH-XZJF
Incident Type: Weather Damage
Incident Date: 2024-02-12
Report Date: 2024-03-01

Contact Information

Claimant: Alyssa Hernandez
Adjuster: Emily Love
Phone: 001-269-936-6373x3381
Email: davidjackson@example.org
Address: 3815 Charles Ville Apt. 243, Rebeccachester, IN 05886

Incident Description

Flash flooding at USN Zhang, FPO AP 65347 caused damage to the insured's affecting .

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
Water Damage	Water extraction	\$1150.31
Water Damage	Carpet replacement	\$304.30
Water Damage	Water extraction	\$257.44
Cleanup	Emergency services	\$340.52
Total Claim Amount		\$2052.57

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

FirstChoice Insurance

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