

TrustShield Corp
Professional Insurance Services
INSURANCE CLAIM FORM

Denied

Priority: Medium

Claim Information

Claim ID: CLM-000051
Policy ID: POL-DJSQJIEZ
Incident Type: Auto Accident
Incident Date: 2024-10-13
Report Date: 2024-11-07

Contact Information

Claimant: Shannon Marquez
Adjuster: Matthew Allen
Phone: 460-797-2058
Email: lgonzalez@example.org
Address: 84041 Colon Freeway Apt. 597, Wesleyshire, WV 24508

Incident Description

A multi-vehicle accident occurred on Amy Causeway during appendicitis. The insured was involved in a 6-car chain reaction. 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	X-ray examination	\$180.01
Medical	Medication	\$344.39
Towing	Storage fees	\$1467.36
Total Claim Amount		\$1991.76

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

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