

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000055
Policy ID: POL-RSXPGSXWU
Incident Type: Auto Accident
Incident Date: 2024-11-08
Report Date: 2024-11-22

Contact Information

Claimant: Joseph White
Adjuster: Kathy Jones
Phone: +1-852-796-5969
Email: stephen19@example.net
Address: 359 Huffman Drive, East Susan, CT 80834

Incident Description

The insured's vehicle was struck on the driver side while parked at Smithmouth. The other driver, Rachel Christian, 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
Rental Car	Gas and mileage	\$847.48
Vehicle Repair	Door panel	\$619.49
Medical	X-ray examination	\$468.40
Total Claim Amount		\$1935.37

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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