

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000057
Policy ID: POL-SVMFNTDG
Incident Type: Auto Accident
Incident Date: 2025-06-10
Report Date: 2025-06-15

Contact Information

Claimant: Peter Hall
Adjuster: Rachel Thomas
Phone: (915)820-6155x8872
Email: haynescharles@example.com
Address: 529 Matthew Roads, Franciscoshire, MN 71442

Incident Description

The insured's vehicle was struck on the passenger side while parked at Lloydport. The other driver, Benjamin Brown, was changing lanes abruptly. 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
Vehicle Repair	Headlight repair	\$519.94
Medical	Medication	\$554.32
Vehicle Repair	Paint and labor	\$1336.76
Total Claim Amount		\$2411.02

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

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