

TrustShield Corp
Professional Insurance Services
INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000004
Policy ID: POL-YWQFSQRGD
Incident Type: Theft
Incident Date: 2024-03-14
Report Date: 2024-04-07

Contact Information

Claimant: Amy Meyers
Adjuster: Emily Wells
Phone: (365)383-0545
Email: vvaughn@example.org
Address: 948 Wallace Mission Suite 108, Shelbychester, ND 78670

Incident Description

A break-in occurred at the insured's residence at 39287 Melissa Ville, New Christine, MI 25951 on 2024-03-14 while they were on vacation. Police report #POL57800718 filed.

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
Investigation	Documentation costs	\$392.84
Investigation	Documentation costs	\$211.16
Investigation	Police report fee	\$344.39
Security	Lock replacement	\$369.34
Investigation	Documentation costs	\$320.78
Total Claim Amount		\$1638.51

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

TrustShield Corp

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
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