

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000058
Policy ID: POL-QLBVRDGDW
Incident Type: Auto Accident
Incident Date: 2025-06-25
Report Date: 2025-07-10

Contact Information

Claimant: Luis Simmons
Adjuster: Ian Evans
Phone: 473.623.7919
Email: angela94@example.net
Address: 6933 Santos Haven Suite 829, Nnaton, PA 44152

Incident Description

The insured's vehicle was struck on the passenger side while parked at Bowmanstad. The other driver, Michael Campbell, was reversing out of a driveway. 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
Towing	Storage fees	\$918.31
Towing	Roadside assistance	\$269.07
Vehicle Repair	Headlight repair	\$79.40
Medical	Physical therapy	\$1076.16
Total Claim Amount		\$2342.94

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SecureGuard Insurance

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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