

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000059
Policy ID: POL-ZWKPHTXTQ
Incident Type: Personal Injury
Incident Date: 2024-10-14
Report Date: 2024-11-13

Contact Information

Claimant: Jordan Scott
Adjuster: Nicole Duran
Phone: 001-241-702-9476x940
Email: brandonlee@example.com
Address: 91426 Kim Vista, Lake Kevinberg, WI 70522

Incident Description

The insured slipped and fell on a wet floor at Parker, Long and Rodriguez, resulting in broken wrist.

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
Equipment	Walking boot	\$953.91
Equipment	Crutches	\$576.34
Equipment	Crutches	\$111.08
Lost Wages	Time off work	\$1763.27
Total Claim Amount		\$3404.60

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

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

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