

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000061
Policy ID: POL-SDNCYWTNH
Incident Type: Property Damage
Incident Date: 2024-05-06
Report Date: 2024-05-17

Contact Information

Claimant: Kelly Kennedy
Adjuster: David Shah
Phone: +1-945-983-2690x823
Email: tammy71@example.org
Address: 456 Adams Parks, Phillipschester, UT 41713

Incident Description

damage to the occurred at 963 Amy Circles, Millerchester, HI 59262 during a severe weather event on 2024-05-06. Wind speeds reached mph.
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
Cleanup	Temporary storage	\$382.99
Cleanup	Temporary storage	\$460.85
Structural Repair	Roof repair	\$685.27
Total Claim Amount		\$1529.11

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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

| Rev. 2024 | Generated: 2025-09-07 00:29