

# SecureGuard Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: High

### Claim Information

Claim ID: CLM-000063  
Policy ID: POL-QQFLOODBU  
Incident Type: Auto Accident  
Incident Date: 2024-06-26  
Report Date: 2024-06-29

### Contact Information

Claimant: Karen Barnett  
Adjuster: William Peck  
Phone: +1-847-728-5720x56064  
Email: daniel41@example.org  
Address: 489 Chris Tunnel Suite 146, Hawkinsfort, OH 58357

### Incident Description

The insured's vehicle was struck on the passenger side while parked at Costaland. The other driver, Keith Franklin, 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    |
|--------------------|--------------------------|-----------|
| Rental Car         | Rental car (daily rate)  | \$796.11  |
| Vehicle Repair     | Front bumper replacement | \$378.69  |
| Towing             | Storage fees             | \$231.52  |
| Medical            | Medication               | \$1683.11 |
| Total Claim Amount |                          | \$3089.43 |

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](mailto:claims@secureguard.com)  
[www.secureguard.com](http://www.secureguard.com)

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