

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Denied

Priority: Medium

Claim Information

Claim ID: CLM-000064
Policy ID: POL-CIN/MXFBP
Incident Type: Auto Accident
Incident Date: 2024-10-02
Report Date: 2024-10-15

Contact Information

Claimant: Elizabeth Hernandez
Adjuster: Jose Blair
Phone: 001-946-579-1542x24982
Email: bcoleman@example.net
Address: 23470 Thomas Tunnel Apt. 949, South Jenniferport, IN 57385

Incident Description

The insured was rear-ended while stopped at a traffic light at Kramer Wall & Shepherd Track on 2024-10-02 at approximately 00:02:56. The other driver, Richard Anderson, failed to stop in time due to speeding.

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
Medical	X-ray examination	\$385.47
Towing	Roadside assistance	\$946.83
Rental Car	Gas and mileage	\$213.08
Rental Car	Insurance waiver	\$83.07
Rental Car	Gas and mileage	\$889.84
Total Claim Amount		\$2518.29

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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