

# SecureGuard Insurance

Professional Insurance Services

## INSURANCE CLAIM FORM

Approved

Priority: High

### Claim Information

Claim ID: CLM-000065  
Policy ID: POL-FXYKNJFEU  
Incident Type: Medical Claim  
Incident Date: 2024-12-22  
Report Date: 2024-12-26

### Contact Information

Claimant: Michael Smith  
Adjuster: Amanda Walker  
Phone: 001-463-772-6814  
Email: jamesdaniel@example.net  
Address: 920 Jeffrey Shore, Lake Rachelchester, NJ 45329

### Incident Description

Emergency cardiac procedure was needed after the insured slipped on a wet floor at East Bobbychester.

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    |
|--------------------|------------------|-----------|
| Hospital           | Surgery          | \$1398.66 |
| Hospital           | Lab tests        | \$148.86  |
| Specialist         | Follow-up visits | \$1845.16 |
| Total Claim Amount |                  | \$3392.68 |

Claimant Signature

Date: \_\_\_\_\_

Adjuster Signature

Date: \_\_\_\_\_

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)

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