

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000067
Policy ID: POL-NVJTFFMC
Incident Type: Auto Accident
Incident Date: 2025-06-01
Report Date: 2025-06-26

Contact Information

Claimant: Jeffery Edwards
Adjuster: Joe Mueller
Phone: 001-956-633-8642x8813
Email: james86@example.net
Address: 0701 Mann Prairie, Morrismouth, WY 88809

Incident Description

A collision occurred when the insured was making a left turn at the intersection of Amanda Skyway & Andrew Plains. The other vehicle, driven by Arthur Walton, failed to yield.

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	Emergency room visit	\$984.97
Rental Car	Insurance waiver	\$116.67
Vehicle Repair	Headlight repair	\$552.57
Total Claim Amount		\$1654.21

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

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