

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000005
Policy ID: POL-RXCXQAPDL
Incident Type: Auto Accident
Incident Date: 2024-05-01
Report Date: 2024-05-30

Contact Information

Claimant: Gina Nelson
Adjuster: Jose Moran
Phone: 2018128130
Email: amanda75@example.com
Address: 36469 Rios Walks, Gillhaven, MI 48136

Incident Description

A multi-vehicle accident occurred on Murphy Fort during fractured leg. The insured was involved in a 3-car chain reaction.

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
Vehicle Repair	Paint and labor	\$444.86
Rental Car	Gas and mileage	\$255.33
Towing	Roadside assistance	\$1140.52
Total Claim Amount		\$1840.71

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

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