

ClearPath Coverage

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000070
Policy ID: POL-AIANENMRF
Incident Type: Auto Accident
Incident Date: 2025-04-28
Report Date: 2025-05-21

Contact Information

Claimant: Christopher Miller
Adjuster: Scott Hansen
Phone: (792)318-8194
Email: gardnerchristopher@example.com
Address: 9504 Holmes Lock Apt. 736, Lake Amy, NM00925

Incident Description

The insured's vehicle was struck on the driver side while parked at Williamsborough. The other driver, Chad Olson, was parking improperly. 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	\$253.17
Vehicle Repair	Door panel	\$574.06
Towing	Roadside assistance	\$244.77
Towing	Vehicle towing service	\$1023.84
Total Claim Amount		\$2095.84

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

ClearPath Coverage

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