

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: High

Claim Information

Claim ID: CLM-000072
Policy ID: POL-VKWJFMKTS
Incident Type: Personal Injury
Incident Date: 2024-06-23
Report Date: 2024-07-19

Contact Information

Claimant: Natalie Ryan
Adjuster: Dustin Matthews
Phone: 578.433.4877
Email: morenodavid@example.org
Address: 431 Anthony Lodge Apt. 787, Johnsonston, MS 54660

Incident Description

The insured slipped and fell on a oil spill at Velez-Prince, resulting in broken wrist.
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
Lost Wages	Time off work	\$1967.27
Lost Wages	Time off work	\$297.11
Equipment	Walking boot	\$162.35
Lost Wages	Time off work	\$375.46
Lost Wages	Reduced capacity work	\$489.21
Total Claim Amount		\$3291.40

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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