

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000073
Policy ID: POL-PDHLJQJB
Incident Type: Auto Accident
Incident Date: 2025-02-16
Report Date: 2025-02-28

Contact Information

Claimant: Franklin Lucas
Adjuster: Nicole Bryant
Phone: (754)323-6901x1155
Email: kirwin@example.org
Address: 9683 Stout Pines, Ramirezville, M 25132

Incident Description

The insured was rear-ended while stopped at a traffic light at Morris Fort & Matthew Manor on 2025-02-16 at approximately 22:07:51. The other driver, Crystal Erickson MD, failed to stop in time due to speeding.

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	Headlight repair	\$554.00
Rental Car	Insurance waiver	\$716.51
Vehicle Repair	Paint and labor	\$713.26
Medical	Medication	\$1027.36
Total Claim Amount		\$3011.13

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

TrustShield Corp

1234 Insurance Blvd, Suite 100, Financial District, NY 10001
Phone: 1-800-CLAIMS-1 | Email: claims@trustshield.com
www.trustshield.com

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