

SafeHaven Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000074
Policy ID: POL-REUBNMUO
Incident Type: Auto Accident
Incident Date: 2024-08-28
Report Date: 2024-09-14

Contact Information

Claimant: Janet Mbore
Adjuster: Margaret Reid
Phone: 459.939.0073
Email: shelby66@example.net
Address: PSC 3299, Box 4828, APO AE 88647

Incident Description

The insured was rear-ended while stopped at a traffic light at Carol Ways & Johnson Brooks on 2024-08-28 at approximately 11:39:19. The other driver, Mr. Brian Henderson, failed to stop in time due to wet road conditions.

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	Front bumper replacement	\$675.45
Medical	Emergency room visit	\$112.07
Rental Car	Insurance waiver	\$804.17
Rental Car	Rental car (daily rate)	\$1629.35
Total Claim Amount		\$3221.04

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SafeHaven Insurance

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