

SecureGuard Insurance

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000077
Policy ID: POL-PCWGYZMXX
Incident Type: Auto Accident
Incident Date: 2025-02-06
Report Date: 2025-02-22

Contact Information

Claimant: Lauren Johnson
Adjuster: Anna Liu
Phone: 263-442-6397x4943
Email: willianjimenez@example.com
Address: 212 Gregory Station Suite 058, Lake Sharon, NM34756

Incident Description

The insured's vehicle was struck on the driver side while parked at Lake Juanfort. The other driver, Christopher Morris, 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
Vehicle Repair	Front bumper replacement	\$328.35
Towing	Storage fees	\$94.44
Medical	Emergency room visit	\$922.83
Rental Car	Gas and mileage	\$1873.35
Total Claim Amount		\$3218.97

Claimant Signature

Date: _____

Adjuster Signature

Date: _____

SecureGuard Insurance

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

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