

TrustShield Corp

Professional Insurance Services

INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000080
Policy ID: POL-PJNJTGTJH
Incident Type: Personal Injury
Incident Date: 2025-07-03
Report Date: 2025-07-28

Contact Information

Claimant: Joshua Meyers
Adjuster: Haley McMahon
Phone: 270.524.9473x4507
Email: deannawood@example.com
Address: Unit 3687 Box 9927, DPO AE 31366

Incident Description

The insured was injured when at Colon, Hale and Cooper, striking them on the .

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	\$321.07
Lost Wages	Reduced capacity work	\$613.89
Equipment	Walking boot	\$545.38
Equipment	Walking boot	\$409.95
Total Claim Amount		\$1890.29

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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