

TrustShield Corp
Professional Insurance Services
INSURANCE CLAIM FORM

Approved

Priority: Low

Claim Information

Claim ID: CLM-000092
Policy ID: POL-SQJMGFRWJ
Incident Type: Property Damage
Incident Date: 2024-05-11
Report Date: 2024-05-16

Contact Information

Claimant: Anthony Mora
Adjuster: Barry Martinez
Phone: 860-919-2286
Email: edwardssamantha@example.net
Address: 159 Daniel Lights Suite 544, Port Mark, MN 78968

Incident Description

Water damage occurred at PSC 9341, Box 8107, APO AP 96631 due to a distracted driving in the Kelseybury, affecting the large, husband.
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
Water Damage	Floor refinishing	\$1112.40
Structural Repair	Door repair	\$686.14
Cleanup	Debris removal	\$517.63
Water Damage	Floor refinishing	\$930.94
Total Claim Amount		\$3247.11

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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