

TrustShield Corp  
Professional Insurance Services  
INSURANCE CLAIM FORM

Approved

Priority: Medium

Claim Information

Claim ID: CLM-000093  
Policy ID: POL-XVHZUROMJ  
Incident Type: Property Damage  
Incident Date: 2025-01-24  
Report Date: 2025-02-03

Contact Information

Claimant: Angela Morrison  
Adjuster: Ann Hall  
Phone: (663)490-1101x031  
Email: shelby04@example.net  
Address: 4820 Johnson Hills Apt. 996, South Carly, KY 28255

Incident Description

Vandalism to the insured's siding was discovered at 6278 James Highway, Lake Andreabury, AS 11712 on 2025-01-24. Police report #POL83104516 filed with Robertport Police Department.

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    |
|--------------------|--------------------|-----------|
| Cleanup            | Temporary storage  | \$1415.75 |
| Structural Repair  | Door repair        | \$522.69  |
| Water Damage       | Carpet replacement | \$1007.57 |
| Total Claim Amount |                    | \$2946.01 |

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](mailto:claims@trustshield.com)  
[www.trustshield.com](http://www.trustshield.com)

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