

# **HOME INSURANCE CLAIM FORM**

Claim Number: CLM-2024-HOME-010

Date of Loss: 2025-12-02

Claimant Name: Christopher Moore

Policy Number: HOME-824766

Property Address: 987 Birch Rd, Aurora, IL

Type of Loss: Water Damage

Cause: Frozen pipe burst

Damage Description: Bathroom walls, floor damage

Estimated Repair Cost: \$10,719.00

Emergency Services: Yes - Roofer called on 2025-12-02

Photos Attached: Yes

Signature: [Signed]

Date: 2025-12-02