

HOME INSURANCE CLAIM FORM

Claim Number: CLM-2024-HOME-009

Date of Loss: 2025-12-23

Claimant Name: Lisa Anderson

Policy Number: HOME-286395

Property Address: 987 Birch Rd, Aurora, IL

Type of Loss: Fire Damage

Cause: Fire in garage

Damage Description: Garage structure, tools, vehicle damaged

Estimated Repair Cost: \$8,223.00

Emergency Services: Yes - Electrician called on 2025-12-23

Photos Attached: Yes

Signature: [Signed]

Date: 2025-12-23