

# **HOME INSURANCE CLAIM FORM**

Claim Number: CLM-2024-HOME-015

Date of Loss: 2025-11-01

Claimant Name: Sarah Williams

Policy Number: HOME-444443

Property Address: 987 Birch Rd, Aurora, IL

Type of Loss: Storm Damage

Cause: Tree fell on house

Damage Description: Roof damage, gutter destroyed

Estimated Repair Cost: \$4,932.00

Emergency Services: Yes - Electrician called on 2025-11-01

Photos Attached: Yes

Signature: [Signed]

Date: 2025-11-01