

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500004

24/7 Helpline: 1-800-555-CLAIM | claims@premierinsurance.com

MOTOR VEHICLE INSURANCE CLAIM

Claim Date: December 02, 2025

TRANSACTION INFORMATION

Transaction ID

TXN55500004

Transaction Date

December 08, 2025 at 01:00 PM

Agent ID

AGENT00450

Vendor ID

VNDR00437

Policy Effective Date

November 05, 2022

POLICYHOLDER COMPLETE INFORMATION

Policy Number

PLC55500004

Customer ID

A55500004

Insurance Type

Motor

Customer Name

Robert Williams

Address Line 1

4527 Maple Grove Dr

Address Line 2

N/A

City

Atlanta

State

GA

Postal Code

30318

SSN

356-89-4523

Age

42

Marital

M

Tenure

28 months

Education

Bachelor

Employed

Yes

Family Members

4

House Type

Own

Social Class

MI

COMPLETE INCIDENT DETAILS

Loss Date

December 02, 2025

Report Date

December 03, 2025

Hour of Day

16:00

Incident City

Atlanta

Incident State

GA

Severity

Major

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Authority Contacted

Police

Any Injury

Yes

Police Report

Yes

■ FINANCIAL & RISK INFORMATION

Premium Amount

\$128.00

Claim Amount

\$6,800.00

Claim Status

Pending

Routing Number

456789012

Account (Masked)

●●●●●●●7890

Risk Segment

M

Financial Summary:

- Total Claim Amount: \$6,800.00
- Monthly Premium: \$128.00
- Risk Category: M
- Status: Pending

■ MOTOR VEHICLE INSURANCE CLAIM DETAILS

Vehicle Incident Information:

- Policy Number: PLC55500004
- Vehicle Type: SUV
- VIN: 3FAHP0HA5DR345678
- License Plate: RWB-4523
- Incident Location: Atlanta, GA
- Date of Incident: December 02, 2025
- Time of Incident: 16:00 hours
- Severity: Major
- Claim Amount: \$6,800.00

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MOTOR VEHICLE INSURANCE CLAIM

Claim Date: December 02, 2025

Required Documents for Motor Insurance Claim:

- Driver's License
- Vehicle Registration Certificate
- Police Report (FIR copy)
- Photos of vehicle damage
- Repair Estimates
- Insurance Policy Copy
- Claim Form duly filled
- Third party details (if applicable)

■ DECLARATION & AUTHORIZATION

DECLARATION:

I hereby declare that all the information provided in this claim form is true, complete, and accurate to the best of my knowledge and belief. I have not withheld any material information that may influence the assessment or settlement of this claim.

AUTHORIZATION:

I authorize Premier Insurance Group and its representatives to investigate this claim, including obtaining information from medical providers, employers, government agencies, and any other relevant parties. I understand that any false statement or misrepresentation may result in denial of the claim and may subject me to legal action.

ACKNOWLEDGMENT:

I acknowledge that the settlement of this claim is subject to the terms, conditions, and exclusions of my insurance policy.

Policyholder Signature

Date

Witness Signature

Date