

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000008

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

MOTOR VEHICLE INSURANCE CLAIM

Claim Date: May 14, 2020

TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN00000008	June 01, 2020 at 12:00 AM	AGENT00152
Vendor ID	Policy Effective Date	
VNDR00326	December 30, 2018	

POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC00002925	A00004301	Motor		
Customer Name				
Maryalice Martinez				
Address Line 1	Address Line 2			
6 Little Country Place	N/A			
City	State	Postal Code		
Savannah	GA	31406		
SSN (Masked)	Age	Marital	Tenure	Education
XXX-XX-5539	35	Yes	97 months	High School
Employed	Family Members	House Type	Social Class	
Yes	3	Rent	MI	

COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
May 14, 2020	May 19, 2020	10:00
Incident City	Incident State	Severity
Panama City Beach	FL	Total Loss

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Authority Contacted

Police

Any Injury

No

Police Report

Yes

■ FINANCIAL & RISK INFORMATION

Premium Amount

\$83.77

Claim Amount

\$8,000.00

Claim Status

A

Routing Number

89467431

Account (Masked)

.....3649

Risk Segment

L

Financial Summary:

- Total Claim Amount: \$8,000.00
- Monthly Premium: \$83.77
- Risk Category: L
- Status: A

■ MOTOR VEHICLE INSURANCE CLAIM DETAILS

Vehicle Incident Information:

- Policy Number: PLC00002925
- Incident Location: Panama City Beach, FL
- Date of Incident: May 14, 2020
- Time of Incident: 10:00 hours
- Severity: Total Loss
- Claim Amount: \$8,000.00

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)

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■ 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