

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500003

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

## MOTOR VEHICLE INSURANCE CLAIM

Claim Date: December 04, 2025

### TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN55500003	December 08, 2025 at 11:45 AM	AGENT00152
Vendor ID	Policy Effective Date	
VNDR00326	June 10, 2024	

### POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC55500003	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	Age	Marital	Tenure	Education
791-66-5539	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
December 04, 2025	December 05, 2025	19:00
Incident City	Incident State	Severity
Savannah	GA	Total Loss

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### Authority Contacted

Police

### Any Injury

Yes

### Police Report

Yes

## ■ FINANCIAL & RISK INFORMATION

### Premium Amount

\$135.00

### Claim Amount

\$12,500.00

### Claim Status

Pending

### Routing Number

89467431

### Account (Masked)

.....3649

### Risk Segment

L

### Financial Summary:

- Total Claim Amount: \$12,500.00
- Monthly Premium: \$135.00
- Risk Category: L
- Status: Pending

## ■ MOTOR VEHICLE INSURANCE CLAIM DETAILS

### Vehicle Incident Information:

- Policy Number: PLC55500003
- Vehicle Type: Sedan
- VIN: RJ58C80HSCY3SL186
- License Plate: GVA-8921
- Incident Location: Savannah, GA
- Date of Incident: December 04, 2025
- Time of Incident: 19:00 hours
- Severity: Total Loss
- Claim Amount: \$12,500.00

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### 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