

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN99900004

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

MOTOR VEHICLE INSURANCE CLAIM

Claim Date: January 12, 2025

■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN99900004	January 21, 2025 at 03:00 PM	AGENT00450

Vendor ID	Policy Effective Date
VNDR00437	January 01, 2020

■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC99900004	A99900004	Motor

Customer Name

Sarah Wilson

Address Line 1	Address Line 2
987 Birch Blvd	N/A

City	State	Postal Code
Aurora	CO	80010

SSN	Age	Marital	Tenure	Education
222-33-4444	40	M	12 months	Master

Employed	Family Members	House Type	Social Class
Employed	3	Own	Middle

■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
January 12, 2025	January 13, 2025	11:00

Incident City	Incident State	Severity
Aurora	CO	Minor

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Authority Contacted	Any Injury	Police Report
N/A	No	No

■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$110.00	\$3,000.00	Pending

Routing Number	Account (Masked)	Risk Segment
222333444	*****6777	Low

Financial Summary:

- Total Claim Amount: \$3,000.00
- Monthly Premium: \$110.00
- Risk Category: Low
- Status: Pending

■ MOTOR VEHICLE INSURANCE CLAIM DETAILS

Vehicle Incident Information:

- Policy Number: PLC99900004
- Vehicle Type: SUV
- VIN: VIN9876543210CLEAN
- License Plate: LMN-456
- Incident Location: Aurora, CO
- Date of Incident: January 12, 2025
- Time of Incident: 11:00 hours
- Severity: Minor
- Claim Amount: \$3,000.00

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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