

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000003

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

PROPERTY INSURANCE CLAIM

Claim Date: May 21, 2020

■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN00000003	June 01, 2020 at 12:00 AM	AGENT00883

Vendor ID	Policy Effective Date
VNDR00031	October 03, 2019

■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC00007969	A00003172	Property

Customer Name

Lashawn Engles

Address Line 1	Address Line 2
637 Britannia Drive	N/A

City	State	Postal Code
Vallejo	CA	94591

SSN (Masked)	Age	Marital	Tenure	Education
XXX-XX-0672	47	No	68 months	PhD

Employed	Family Members	House Type	Social Class
Yes	6	Rent	MI

■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
May 21, 2020	May 26, 2020	19:00

Incident City	Incident State	Severity
Grand Junction	CO	Total Loss

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Authority Contacted	Any Injury	Police Report
Police	No	Yes

■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$157.24	\$13,000.00	A

Routing Number	Account (Masked)	Risk Segment
99513168	*****7650	L

Financial Summary:

- Total Claim Amount: \$13,000.00
- Monthly Premium: \$157.24
- Risk Category: L
- Status: A

■ PROPERTY INSURANCE CLAIM DETAILS

Property Type	Damage Type
Residential	Theft

Property Address

637 Britannia Drive, Vallejo, CA

Estimated Repair Cost	Claim Amount
\$15,251.23	\$13,000.00

Required Documents for Property Insurance Claim:

- Property Ownership Documents
- Photos of Damage (Multiple angles)
- Repair Estimates from contractors
- Police Report (for theft/vandalism)
- Fire Department Report (for fire damage)
- Original Purchase Receipts
- Previous Inspection Reports
- Inventory of damaged items

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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