

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500006

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

## LIFE INSURANCE CLAIM

Claim Date: November 30, 2025

### ■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN55500006	December 08, 2025 at 03:35 PM	AGENT00402
Vendor ID	Policy Effective Date	
VNDR00075	September 22, 2021	

### ■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC55500006	A55500006	Life		
Customer Name				
Linda Garcia				
Address Line 1	Address Line 2			
1523 Harbor View Ln	N/A			
City	State	Postal Code		
Seattle	WA	98105		
SSN	Age	Marital	Tenure	Education
589-01-2345	52	F	42 months	Bachelor
Employed	Family Members	House Type	Social Class	
Yes	3	Own	MI	

### ■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
November 30, 2025	December 01, 2025	11:00
Incident City	Incident State	Severity
Seattle	WA	Major

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Authority Contacted	Any Injury	Police Report
Ambulance	No	Yes

### ■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$195.00	\$55,000.00	Pending

Routing Number	Account (Masked)	Risk Segment
678901234	*****9012	M

#### Financial Summary:

- Total Claim Amount: \$55,000.00
- Monthly Premium: \$195.00
- Risk Category: M
- Status: Pending

### ■ LIFE INSURANCE CLAIM DETAILS

Date of Death	Cause of Death
November 30, 2025	Accident

Beneficiary Name	Relationship	Payout Method
Carlos Garcia	Child	Lump Sum

#### Required Documents for Life Insurance Claim:

- Original Death Certificate
- Medical Certificate stating cause of death
- Beneficiary ID Proof (Government issued)
- Original Policy Document
- Bank Account Details for payout
- Claimant's Statement Form
- Attending Physician's Statement
- Hospital Records (if applicable)

### ■ DECLARATION & AUTHORIZATION

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### 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