

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN00000009

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

MOTOR VEHICLE INSURANCE CLAIM

Claim Date: May 21, 2020

■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN00000009	June 01, 2020 at 12:00 AM	AGENT00450
Vendor ID	Policy Effective Date	
VNDR00437	June 27, 2019	

■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC00006886	A00004671	Motor		
Customer Name				
Nicholas Hamilton				
Address Line 1	Address Line 2			
642 South 2nd Street	#608			
City	State	Postal Code		
Louisville	KY	40202		
SSN (Masked)	Age	Marital	Tenure	Education
XXX-XX-7221	27	No	118 months	Bachelor
Employed	Family Members	House Type	Social Class	
Yes	4	Mortgage	MI	

■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
May 21, 2020	May 26, 2020	22:00
Incident City	Incident State	Severity
Glendale	AZ	Major Loss

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Authority Contacted	Any Injury	Police Report
Police	No	Yes

■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$82.14	\$5,000.00	A

Routing Number	Account (Masked)	Risk Segment
107890252	*****4624	H

Financial Summary:

- Total Claim Amount: \$5,000.00
- Monthly Premium: \$82.14
- Risk Category: H
- Status: A

■ MOTOR VEHICLE INSURANCE CLAIM DETAILS

Vehicle Incident Information:

- Policy Number: PLC00006886
- Incident Location: Glendale, AZ
- Date of Incident: May 21, 2020
- Time of Incident: 22:00 hours
- Severity: Major Loss
- Claim Amount: \$5,000.00

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