

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500010

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

## PROPERTY INSURANCE CLAIM

Claim Date: December 01, 2025

### ■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN55500010	December 08, 2025 at 10:45 AM	AGENT00883

Vendor ID	Policy Effective Date
VNDR00031	May 30, 2022

### ■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC55500010	A55500010	Property

Customer Name

Michelle Davis

Address Line 1	Address Line 2
3142 Oakwood Circle	N/A

City	State	Postal Code
Denver	CO	80204

SSN	Age	Marital	Tenure	Education
701-23-4567	45	S	32 months	Master

Employed	Family Members	House Type	Social Class
Yes	2	Own	MI

### ■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
December 01, 2025	December 02, 2025	17:00

Incident City	Incident State	Severity
Denver	CO	Major

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Authority Contacted	Any Injury	Police Report
N/A	No	No

### ■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$142.00	\$8,500.00	Pending

Routing Number	Account (Masked)	Risk Segment
890123456	*****1234	M

#### Financial Summary:

- Total Claim Amount: \$8,500.00
- Monthly Premium: \$142.00
- Risk Category: M
- Status: Pending

### ■ PROPERTY INSURANCE CLAIM DETAILS

Property Type	Damage Type
Residential	Water Damage

#### Property Address

3142 Oakwood Circle, Denver, CO

Estimated Repair Cost	Claim Amount
\$8,500.00	\$8,500.00

#### 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