

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN99900010

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

PROPERTY INSURANCE CLAIM

Claim Date: January 18, 2025

■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN99900010	January 24, 2025 at 02:00 PM	AGENT00769

Vendor ID	Policy Effective Date
VNDR00592	August 01, 2019

■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC99900010	A99900010	Property

Customer Name

Lisa Jackson

Address Line 1	Address Line 2
852 Orange Ave	N/A

City	State	Postal Code
Orlando	FL	32801

SSN	Age	Marital	Tenure	Education
666-77-8888	32	S	6 months	Bachelor

Employed	Family Members	House Type	Social Class
Employed	2	Rent	Middle

■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
January 18, 2025	January 19, 2025	16:00

Incident City	Incident State	Severity
Orlando	FL	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	\$5,000.00	Pending

Routing Number	Account (Masked)	Risk Segment
111000999	*****3444	Low

Financial Summary:

- Total Claim Amount: \$5,000.00
- Monthly Premium: \$110.00
- Risk Category: Low
- Status: Pending

■ PROPERTY INSURANCE CLAIM DETAILS

Property Type	Damage Type
Residential	Water Damage

Property Address

852 Orange Ave Orlando FL

Estimated Repair Cost	Claim Amount
\$5,000.00	\$5,000.00

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