

# INSURANCE CLAIM REPORT

Vehicle Insurance · AutoGuard Insurance Co. · 2024-06-22



CLAIMANT	CLAIM REFERENCE	DATE OF CLAIM
Marcia Delgado	CLAIM_AUTO_2	2024-06-22
INCIDENT DATE	AMOUNT CLAIMED	POLICY NUMBER
2024-06-20	\$12,000	AG-VH-2024-001

## CLAIM REJECTED — INVALID

One or more policy requirements were not satisfied.

### INCIDENT SUMMARY

Single vehicle accident on Highway 101. Vehicle drifted off the road and struck a guardrail at 65 mph. Responding officers administered a breathalyzer recording BAC of 0.14% — nearly double the legal limit of 0.08%.

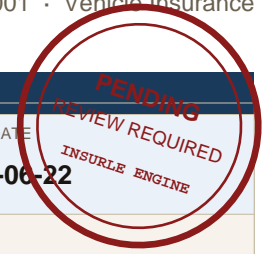
CLAIMANT SIGNATURE

DATE

CLAIMS HANDLER

## INSURANCE CLAIM FORM

AG-VH-2024-001 · Vehicle Insurance



§ 1 CLAIMANT INFORMATION			
FULL NAME <b>Marcia Delgado</b>		CLAIM REFERENCE ID <b>CLAIM_AUTO_2</b>	CLAIM DATE <b>2024-06-22</b>
INCIDENT DATE <b>2024-06-20</b>	AMOUNT REQUESTED <b>\$12,000</b>	EXPECTED OUTCOME <b>INVALID</b>	POLICY NUMBER <b>AG-VH-2024-001</b>
§ 2 INCIDENT DESCRIPTION			
<i>Single vehicle accident on Highway 101. Vehicle drifted off the road and struck a guardrail at 65 mph. Responding officers administered a breathalyzer recording BAC of 0.14% — nearly double the legal limit of 0.08%.</i>			
§ 3 CLAIM FACTS			
FACT	VALUE	TYPE	
_____	_____	_____	
CLAIMANT SIGNATURE	DATE	CLAIMS HANDLER	