

Quick Claim Loss Evaluation Document

Claim Information

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|---------------|----------------------------------------|---------------|----------------|
| Claim Number | QCLE-2024-1075 | Date of Loss | 2024-06-15 |
| Policy Number | POL-822190123 | Date Reported | 2024-06-16 |
| Insured Name | John D. Evans | Contact | (555) 123-6780 |
| Loss Location | 452 Lakeview Ave, Clearfield, CA 91745 | | |

Loss Description

Reported Cause: Water leak from kitchen sink due to pipe burst.

Summary of Damages: Water damage observed to lower kitchen cabinets, adjacent wall, and flooring. No injuries reported.

Evaluation Summary

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|------------------------|--------------|--------------------|------------|
| Inspected By | Eleanor Cruz | Date of Inspection | 2024-06-17 |
| Estimated Repair Cost | \$4,300 | Deductible | \$500 |
| Total Claimable Amount | \$3,800 | | |

Recommended Settlement

The claim is eligible for quick settlement in the amount of **\$3,800** subject to policy terms and conditions.

Important Notes

- This evaluation is based on available information and site inspection as of the evaluation date.
- All settlements are subject to policy coverage, limitations, and exclusions.
- Retain all receipts and documents relating to repairs for final verification.
- Please notify your claim officer if any new damage is discovered.
- This document does not constitute an admission of liability by the insurer.