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## **Claim Summary**

Claimant Info

Print...

**General Information:** 

Insured Name: RYAN CLARK Type of Loss: AUTO

Claim Number: IWG8445 Date of Accident: 05/06/2022 Status: NEW

Office: NASHVILLE PI/PROP OUT Office Phone: 800-342-4064

**Contact Information:** 

Name Phone Email

Claim Rep - STEVE PIERCE 629-235-6647 <u>swpierce@travelers.com</u>

Supervisor - BEN SCHWAB 615-660-6380

**Insured Information:** 

Policy/PIN: 0DKS65 610290195 203 1 Effect Date: 09/28/2021

Type of Policy: NEW CARS Expiry Date: 09/28/2022

Address: 6101 TIMBER CT GOODLETTSVILL TN 37072-7112

HM Phone: Bus Phone:

**Loss/Accident Information:** 

Date Reported: 05/06/2022 CAT Code: Caller: RYAN CLARK - INSURED

Accident Location: I65 NORTH NASHVILLE TN

Accident Description:

ON INTERSTATE VEHICLE A COUPLE CARS BEHIND SPUN OUT AND HIT THE INSURED

**Automobile Information:** 

Vehicle Info - Year: 08 Make: INFIN Model: EX35

VIN: JNKAJ09E88M305250 Plate State: TN

**Claim Activities:** 

Event	Date		
Loss Reported	5/6/2022 by TELEPHONE		
First Contact with Insured	5/9/2022		
Police or Fire Report Requested	5/9/2022		

## **Financial Information:**

Coverage Code	Clai	m Paid	Expense Paid		Recovery Received	
Total	\$	0.00	\$	0.00	\$	0.00

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