

Claims Managers

832 E. Davidson Ave.
Your Town, FL 11111
Office: 555-514-1234
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Photo Sheet

Claim No. SAMPLE

File No. A-0001	Policy No. 0554874	Date of Loss 02/08/2004	Report First and Final	Report Date 12/27/2004	Adjuster John Doe
Insured Matthew E. Peterson		Contact		Claimant	



Picture
01

Date
7/10/2003

Description
Dwelling



Picture
02

Date
7/10/2003

Description
Living Room
Comment
Water Damage