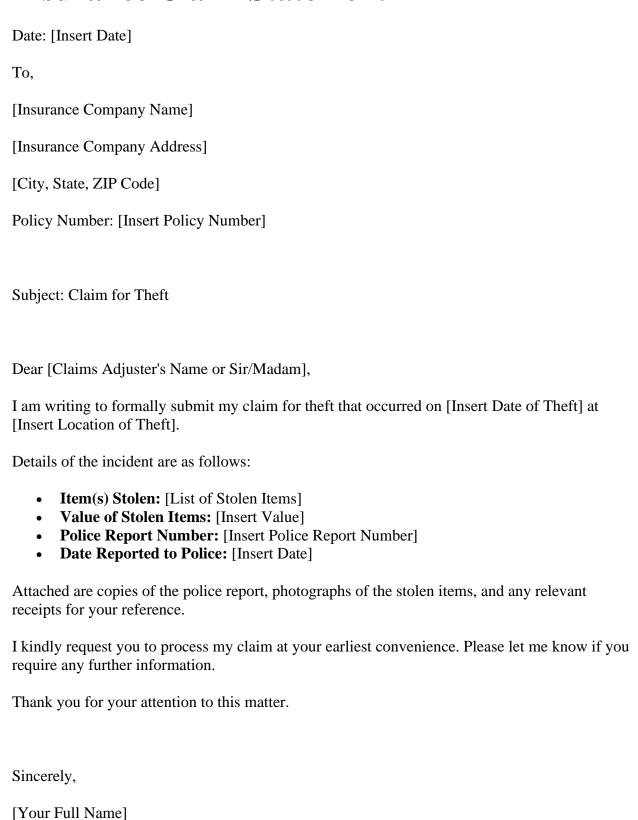
Insurance Claim Statement



[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]