

Test Company 1

kjkk hsjfdhk, jkhjk jkhhsdfkjsda

Canada, 67773

ATTENTION: LastName,

FirstName

CLAIM INFORMATION

Insured: Mayank Shrivastava

Insured Policy #:

File #: Tes-2017-708975

Adjuster: vishal Khanna

Loss Date: 2/7/2017

Loss Unit: 1

BILLABLE ITEMS

| ITEM | DESCRIPTION | QTY | RATE | PRICE |
|----------------|-------------|------|---------|---------|
| Test Service 1 | test | 5.00 | \$ 1.00 | \$ 5.00 |
| Test Service 3 | test | 2.00 | \$ 1.00 | \$ 2.00 |
| Test Service 1 | test | 5.00 | \$ 1.00 | \$ 5.00 |
| Test Service 3 | test | 2.00 | \$ 1.00 | \$ 2.00 |
| Test Service 1 | test | 5.00 | \$ 1.00 | \$ 5.00 |
| Test Service 1 | test | 5.00 | \$ 1.00 | \$ 5.00 |
| Test Service 3 | test | 2.00 | \$ 1.00 | \$ 2.00 |
| Test Service 1 | test | 5.00 | \$ 1.00 | \$ 5.00 |
| Test Service 3 | test | 2.00 | \$ 1.00 | \$ 2.00 |
| Test Service 1 | test | 5.00 | \$ 1.00 | \$ 5.00 |
| Test Service 1 | test | 5.00 | \$ 1.00 | \$ 5.00 |

SubTotal : \$0 Tax:

\$ 43.00

Pay this amount : \$ 43.00

DSB Claims Solutions

204 Main Street North Brampton, ON L6V 1P1 Phone: 905 915 4683 Fax: 905 915 4685

INVOICE #: Tes-2017-708975 **INVOICE DATE: 2/27/2017**

INVOICE DUE DATE: 3/13/2017