

Insurance Claim Document

Claim Number: CLM-778707

Policyholder: James Williams

Claim Type: Home

Claim Amount: \$20,711.00

Status: Approved

Date Filed: 4/9/2024

Client ID: CUST0013

Code	Description	Amount
ER007	Equipment Replacement	\$7,520.56
ME002	Medical Expenses	\$13,190.44
Total		\$20,711.00