

Insurance Claim Document

Claim Number: CLM-390787

Policyholder: James Garcia

Claim Type: Home

Claim Amount: \$26,319.00

Status: Under Review

Date Filed: 2/24/2021

Client ID: CUST0023

Code	Description	Amount
PD003	Property Damage	\$1,119.31
CF006	Consultation Fees	\$1,647.95
ME002	Medical Expenses	\$9,482.02
RC005	Rental Car	\$237.62
ER007	Equipment Replacement	\$13,832.11
Total		\$26,319.00