

Insurance Claim Document

Claim Number: CLM-980451

Policyholder: Michael Garcia

Claim Type: Home

Claim Amount: \$19,260.00

Status: Approved

Date Filed: 8/13/2023

Client ID: CUST0027

Code	Description	Amount
ME002	Medical Expenses	\$5,706.80
RC005	Rental Car	\$13,553.20
Total		\$19,260.00