

Insurance Claim Document

Claim Number: CLM-468014

Policyholder: Sarah Brown

Claim Type: Home

Claim Amount: \$36,398.00

Status: Under Review

Date Filed: 9/20/2022

Client ID: CUST0019

Code	Description	Amount
RC001	Repair Costs	\$14,412.06
ME002	Medical Expenses	\$21,985.94
Total		\$36,398.00