

Insurance Claim Document

Claim Number: CLM-555940

Policyholder: David Garcia

Claim Type: Home

Claim Amount: \$40,807.00

Status: Under Review

Date Filed: 10/9/2024

Client ID: CUST0091

| Code | Description | Amount |
|-------|-----------------------|-------------|
| RC005 | Rental Car | \$2,209.43 |
| ME002 | Medical Expenses | \$10,195.21 |
| LF004 | Legal Fees | \$562.35 |
| ER007 | Equipment Replacement | \$27,840.01 |
| Total | | \$40,807.00 |