

Insurance Claim Document

Claim Number: CLM-740292

Policyholder: David Smith

Claim Type: Life

Claim Amount: \$32,713.00

Status: Approved

Date Filed: 5/1/2020

Client ID: CUST0030

Code	Description	Amount
LF004	Legal Fees	\$9,325.84
ER007	Equipment Replacement	\$23,387.16
Total		\$32,713.00