

Insurance Claim Document

Claim Number: CLM-355510

Policyholder: Sarah Brown

Claim Type: Home

Claim Amount: \$20,753.00

Status: Approved

Date Filed: 8/17/2023

Client ID: CUST0025

Code	Description	Amount
RC001	Repair Costs	\$4,469.50
ME002	Medical Expenses	\$3,439.15
ME002	Medical Expenses	\$1,252.24
RC001	Repair Costs	\$872.10
RC001	Repair Costs	\$10,720.01
Total		\$20,753.00