

Insurance Claim Document

Claim Number: CLM-623515

Policyholder: Emily Smith

Claim Type: Auto

Claim Amount: \$22,032.00

Status: Denied

Date Filed: 6/21/2021

Client ID: CUST0040

Code	Description	Amount
PD003	Property Damage	\$4,461.60
ME002	Medical Expenses	\$2,227.42
ER007	Equipment Replacement	\$759.09
ER007	Equipment Replacement	\$1,107.81
ER007	Equipment Replacement	\$13,476.08
Total		\$22,032.00