

Insurance Claim Document

Claim Number: CLM-901229

Policyholder: James Garcia

Claim Type: Auto

Claim Amount: \$19,841.00

Status: Denied

Date Filed: 11/14/2023

Client ID: CUST0062

Code	Description	Amount
ER007	Equipment Replacement	\$4,787.24
PD003	Property Damage	\$1,117.31
ME002	Medical Expenses	\$13,936.45
Total		\$19,841.00