

Insurance Claim Document

Claim Number: CLM-444382

Policyholder: Sarah Jones

Claim Type: Auto

Claim Amount: \$36,901.00

Status: Under Review

Date Filed: 1/8/2020

Client ID: CUST0003

Code	Description	Amount
CF006	Consultation Fees	\$10,339.63
ER007	Equipment Replacement	\$7,235.36
ME002	Medical Expenses	\$19,326.01
Total		\$36,901.00