

## Insurance Claim Document

Claim Number: CLM-563156

Policyholder: Michael Johnson

Claim Type: Auto

Claim Amount: \$26,333.00

Status: Under Review

Date Filed: 11/21/2022

Client ID: CUST0066

Code	Description	Amount
RC005	Rental Car	\$866.22
PD003	Property Damage	\$1,875.66
CF006	Consultation Fees	\$8,449.37
ME002	Medical Expenses	\$1,012.48
ME002	Medical Expenses	\$14,129.27
Total		\$26,333.00