

Insurance Claim Document

Claim Number: CLM-260348

Policyholder: David Johnson

Claim Type: Health

Claim Amount: \$8,459.00

Status: Approved

Date Filed: 8/27/2022

Client ID: CUST0086

Code	Description	Amount
RC001	Repair Costs	\$100.74
PD003	Property Damage	\$2,263.20
LF004	Legal Fees	\$1,405.82
ER007	Equipment Replacement	\$4,689.24
Total		\$8,459.00