

## Insurance Claim Document

Claim Number: CLM-241563

Policyholder: Jessica Smith

Claim Type: Auto

Claim Amount: \$5,710.00

Status: Approved

Date Filed: 5/1/2022

Client ID: CUST0017

Code	Description	Amount
ME002	Medical Expenses	\$558.84
CF006	Consultation Fees	\$15.62
RC005	Rental Car	\$1,833.92
ER007	Equipment Replacement	\$3,301.62
<b>Total</b>		<b>\$5,710.00</b>