## DATE: 01-12-2024 CHECK NO. 01295024

## **STATEMENT**

PAY TO THE ORDER OF Bridgecrest Acceptance Corp

7465 E Hampton Ave

Attn: Total Loss Department

Mesa, AZ 85209-3328

CURE & Drive well.

Claim Number: CLM-00020092 Check Amount: \$\*\*\*\*\*14,718.32

Payment Description: COLL PAYMENT FOR TOTAL LOSS ACCT# 163006738901 LESS

\$1,000 DED - D/O/L ON 12/03/2023

Policy Holder: Sharon Burgess

## **DETACH THIS PORTION BEFORE CASHING**

PAPA051798

CURE

AUTO INSURANCE • Drive well.

CLM-00020092

Citizens United Reciprocal Exchange 214 Carnegie Center, Suite 301, Princeton, NJ 08540

> TD BANK 55-136-312 Claims Bank Account(#7860170617)

POLICY HOLDER

Sharon Burgess

FOR

Fourteen Thousand Seven Hundred Eighteen And 32/100 Dollars

PAY TO THE ORDER OF

Bridgecrest Acceptance Corp 7465 E Hampton Ave Attn: Total Loss Department Mesa, AZ 85209-3328

DATE

01295024

Please Deposit

Co-signer required for amounts \$25,000 and above

VOID

AUTHORIZED SIGNATURE