



Innovate Insurance Services
810 Bull Lea Run
Suite 100
www.innovateinsurance.com

Allen Robertson
4263 Live Oak Blvd.
San Gabriel, CA 91101

DATE: 11/06/2024

RE: Claimant: Allen Robertson
Policy Number: 54-253465
Policy Period: 03/30/2022 to 03/29/2023
Date of Loss: 09/19/2022
Claim Number: 000-00-000106

Release and Authorization of Payment

Dear Allen,

You are required to respond to the letter. My investigation concluded that you are at no-fault for the collision. Your insurance, therefore, would be responsible for the financial loss. Enclosed for your review is the estimate release authorization which discloses settlement for your recent loss and damages incurred on 09/19/2022. Based on the investigation and estimates received, we have identified the settlement payment for your claim number 000-00-000106.

Add additional comments here.

To Allen Robertson, we have identified the settlement payment as follows:

Estimate	Cost
Hospital	\$1,000.00
Treating Physician	\$500.00
Physical Therapy	\$1,500.00
Diagnostic	\$250.00
Future Medical	\$1,000.00
Out of Pocket	\$1,000.00
Other	\$5,000.00
Total	\$10,250.00