

# Payment Details

PaymentID : 08DB6284B55C2FA9

Payment Date	Claim No	Line Type	Payment Type	Amount	Invoice Number	Claimant Name	Policy Number	Loss Description
2023-06-01	AATDAU000007	Collision		4	08DB628508A2B1A8	Thomas K Sorensen / Collision	AUTOSTUB0003	test
2023-06-01	AATDAU000007	Collision		4	08DB6284EFFBF6D4	Edward Hunter / Collision	AUTOSTUB0003	test