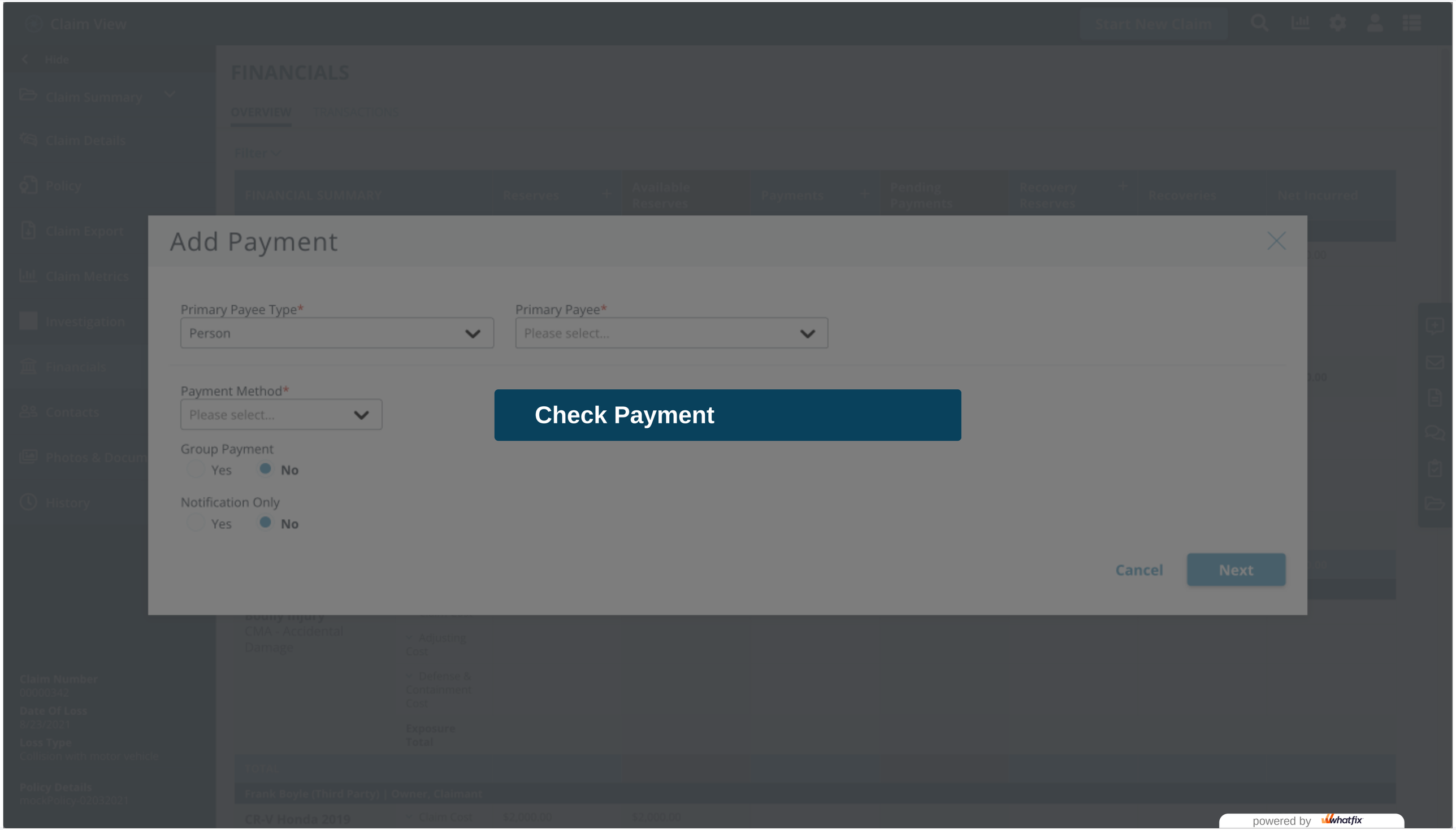

Add Payment
Primary Payee Type*
Person
Primary Payee*
Please select...
Payment Method*
Please select...
Group Payment
Yes
No
Notification Only
Yes
No
Check Payment
Cancel
Next

Claim View
Start New Claim
Hide
Claim Summary
Claim Details
Policy
Claim Export
Claim Metrics
Investigation
Financials
Contacts
Photos & Docum
History
FINANCIALS
OVERVIEW
TRANSACTIONS
Filter
FINANCIAL SUMMARY
Reserves
Available Reserves
Payments
Pending Payments
Recovery Reserves
Recoveries
Net Incurred
Bodily Injury
CMA - Accidental Damage
Adjusting Cost
Defense & Containment Cost
Exposure Total
TOTAL
Frank Boyle (Third Party) | Owner, Claimant
CR-V Honda 2019
Claim Cost
$2,000.00
$2,000.00
$2,000.00
Claim Number
00000342
Date Of Loss
8/23/2021
Loss Type
Collision with motor vehicle
Policy Details
mockPolicy-02032021

Add Payment

Primary Payee Type*
Person

Primary Payee*
Please select...

Payment Method*
Please select...

Select check as payment method
Check Payment (Step 1 of 10)

Group Payment
Yes **No**

Notification Only
Yes **No**

Cancel
Next

Claim View
Hide
Claim Summary
Claim Details
Policy
Claim Export
Claim Metrics
Investigation
Financials
Contacts
Photos & Docum
History

Claim Number
00000342
Date Of Loss
8/23/2021
Loss Type
Collision with motor vehi
Policy Details
mockPolicy-02032021

Add Payment

Primary Payee Type*
Person

Primary Payee*
Dr. Angeline Kuhn Greenholt DDS

+ Add Secondary Payee

Select a shipping option ×
Check Payment (Step 2 of 10)

Payment Method*
Check

Shipping Option*
Please select...

Check Payee Line 1*
Angeline Greenholt
Remaining Characters: 30

Check Payee Line 2
Remaining Characters: 48

Check Memo

Group Payment
Yes No

Notification Only
Yes No

PAYMENT CONTACT INFO

Relation to Insured
Policyholder

Title
Dr.

First Name
Angeline

Middle Name(s)
Kuhn

Last Name(s)
Greenholt

Country
United States of America

Claim View
Hide
Claim Summary
Claim Details
Policy
Claim Export
Claim Metrics
Investigation
Financials
Contacts
Photos & Docum
History

Claim Number
00000342
Date Of Loss
8/23/2021
Loss Type
Collision with motor vehi
Policy Details
mockPolicy-02032021

Add Payment

Primary Payee Type*
Person

Primary Payee*
Dr.

Review payees ×
Add additional payees as needed on check payee line 1 or 2
Check Payment (Step 3 of 10)

+ Add Secondary Payee

Payment Method*
Check

Shipping Option*
Please select...

Check Payee Line 1*
Angeline Greenholt
Remaining Characters: 30

Check Payee Line 2
Remaining Characters: 48

Check Memo

Group Payment
Yes No

Notification Only
Yes No

PAYMENT CONTACT INFO

Relation to Insured
Policyholder

Title
Dr.

First Name
Angeline

Middle Name(s)
Kuhn

Last Name(s)
Greenholt

Country
United States of America

Remaining Characters: 30

Check Payee Line 2

Remaining Characters: 48

Check Memo

Group Payment
Yes **No**

Notification Only
Yes **No**

Review contact information ×
Ensure mailing address is accurate.
Use the search function to verify the address if needed.
Check Payment (Step 4 of 10)

PAYMENT CONTACT INFO

Relation to Insured: Policyholder

Title: Dr. | First Name: Angeline | Middle Name(s): Kuhn | Last Name(s): Greenholt

Country: United States of America

Address 1: 1 N Dearborn St. | Address 2: Suite 600

City: Chicago | State: Illinois | Zip Code: 60602

Contact Method*: Email | Email Address: test@test.test — Preferred × Delete

Contact Method*: Phone | Country: +1 | Phone Number: 5555555555 — **Preferred** × Delete

+ Add Contact Method

Remaining Characters: 48

Check Memo

Group Payment
Yes **No**

Notification Only
Yes **No**

PAYMENT CONTACT INFO

Relation to Insured
Policyholder

Title: Dr.
First Name: Angeline
Middle Name(s): Kuhn
Last Name(s): Greenholt

Country
United States of America

Address 1: 1 N Dearborn St.
Address 2: Suite 600

City: Chicago
State: Illinois
Zip Code: 60602

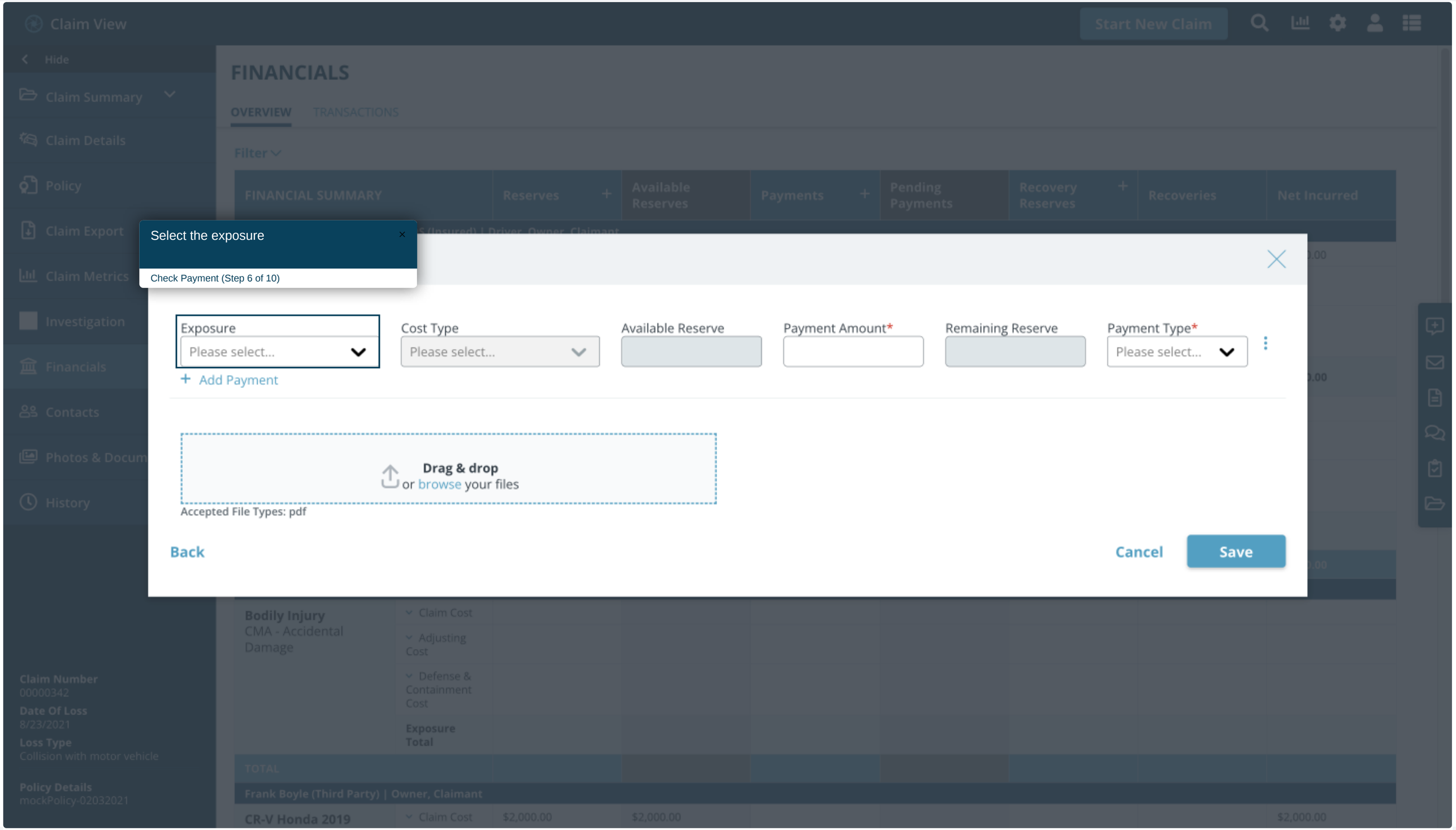
Contact Method*: Email
Email Address: test@test.test
Preferred Delete

Contact Method*: Phone
Country: +1
Phone Number: 5555555555

+ Add Contact Method

Click 'Next'
Check Payment (Step 5 of 10)

Cancel Next


Claim View
Start New Claim
Hide
Claim Summary
Claim Details
Policy
Claim Export
Claim Metrics
Investigation
Financials
Contacts
Photos & Docum
History
FINANCIALS
OVERVIEW
TRANSACTIONS
Filter
FINANCIAL SUMMARY
Reserves
Available Reserves
Payments
Pending Payments
Recovery Reserves
Recoveries
Net Incurred
Select the exposure
Check Payment (Step 6 of 10)
Exposure
Please select...
Cost Type
Please select...
Available Reserve
Payment Amount*
Remaining Reserve
Payment Type*
Please select...
Add Payment
Drag & drop
or browse your files
Accepted File Types: pdf
Back
Cancel
Save
Bodily Injury
CMA - Accidental Damage
Claim Cost
Adjusting Cost
Defense & Containment Cost
Exposure Total
TOTAL
Frank Boyle (Third Party) | Owner, Claimant
CR-V Honda 2019
Claim Cost
$2,000.00
$2,000.00
$2,000.00
Claim Number
00000342
Date Of Loss
8/23/2021
Loss Type
Collision with motor vehicle
Policy Details
mockPolicy-02032021

Claim View

Start New Claim

Hide

Claim Summary

Claim Details

Policy

Claim Export

Claim Metrics

Investigation

Financials

Contacts

Photos & Docum

History

FINANCIALS

OVERVIEW TRANSACTIONS

Filter

FINANCIAL SUMMARY	Reserves +	Available Reserves	Payments +	Pending Payments	Recovery Reserves +	Recoveries	Net Incurred
Dr. Angeline Kuhn Gr							

Select the cost type ×

Check Payment (Step 7 of 10)

Add Payment

Exposure: Please select...

Cost Type: Please select...

Available Reserve

Payment Amount*

Remaining Reserve

Payment Type*: Please select...

+ Add Payment

Drag & drop
or browse your files

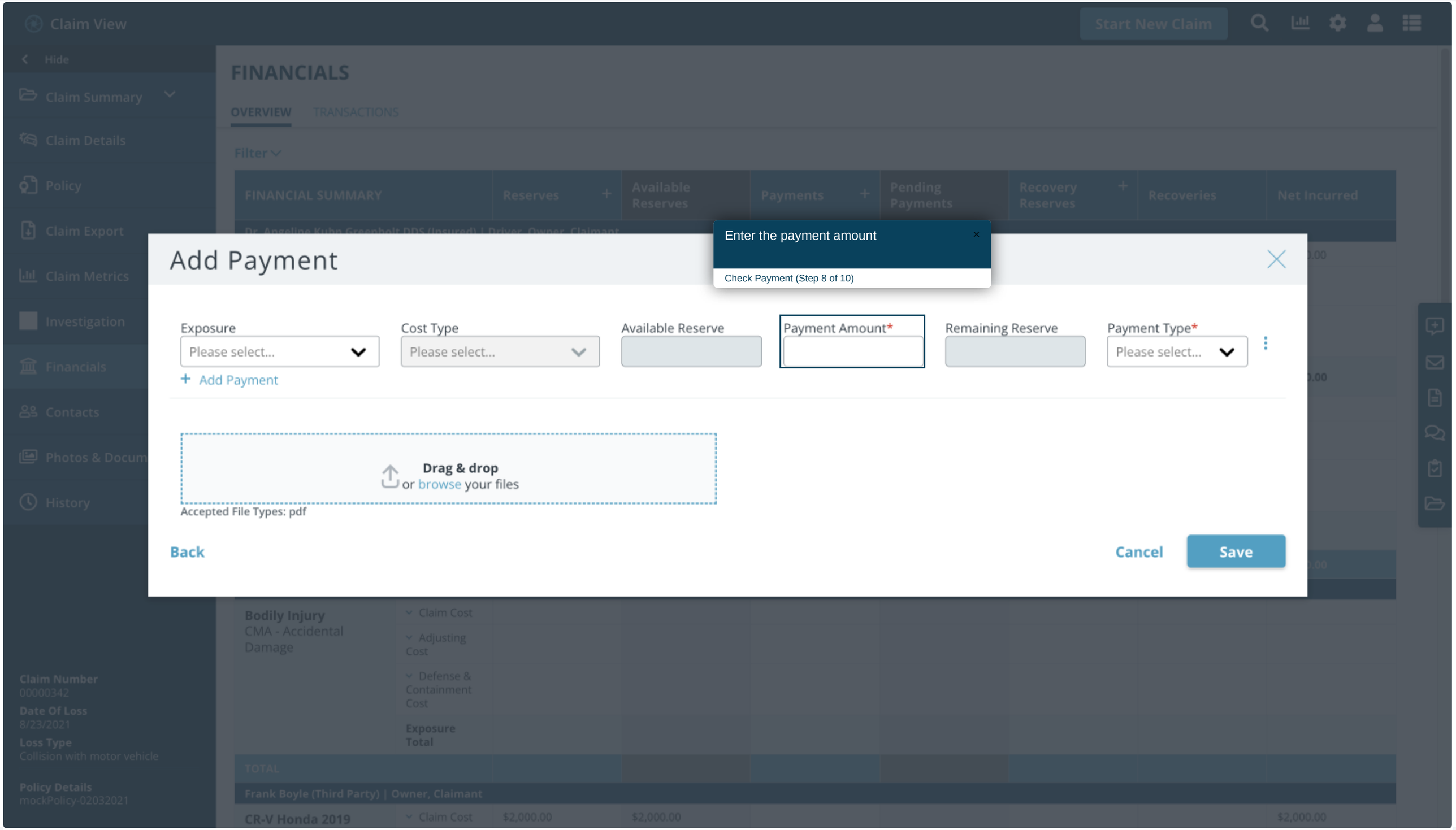
Accepted File Types: pdf

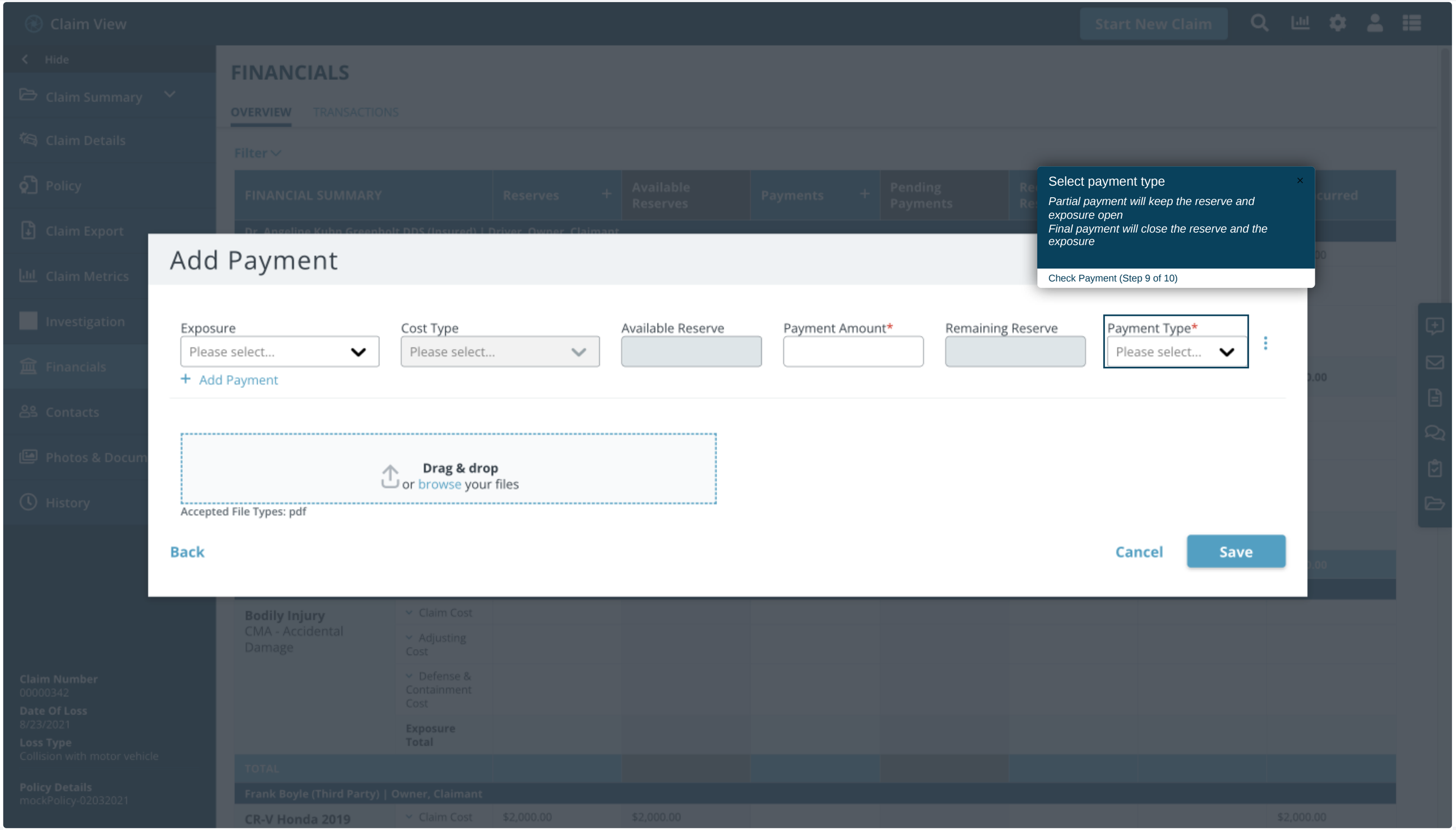
Back

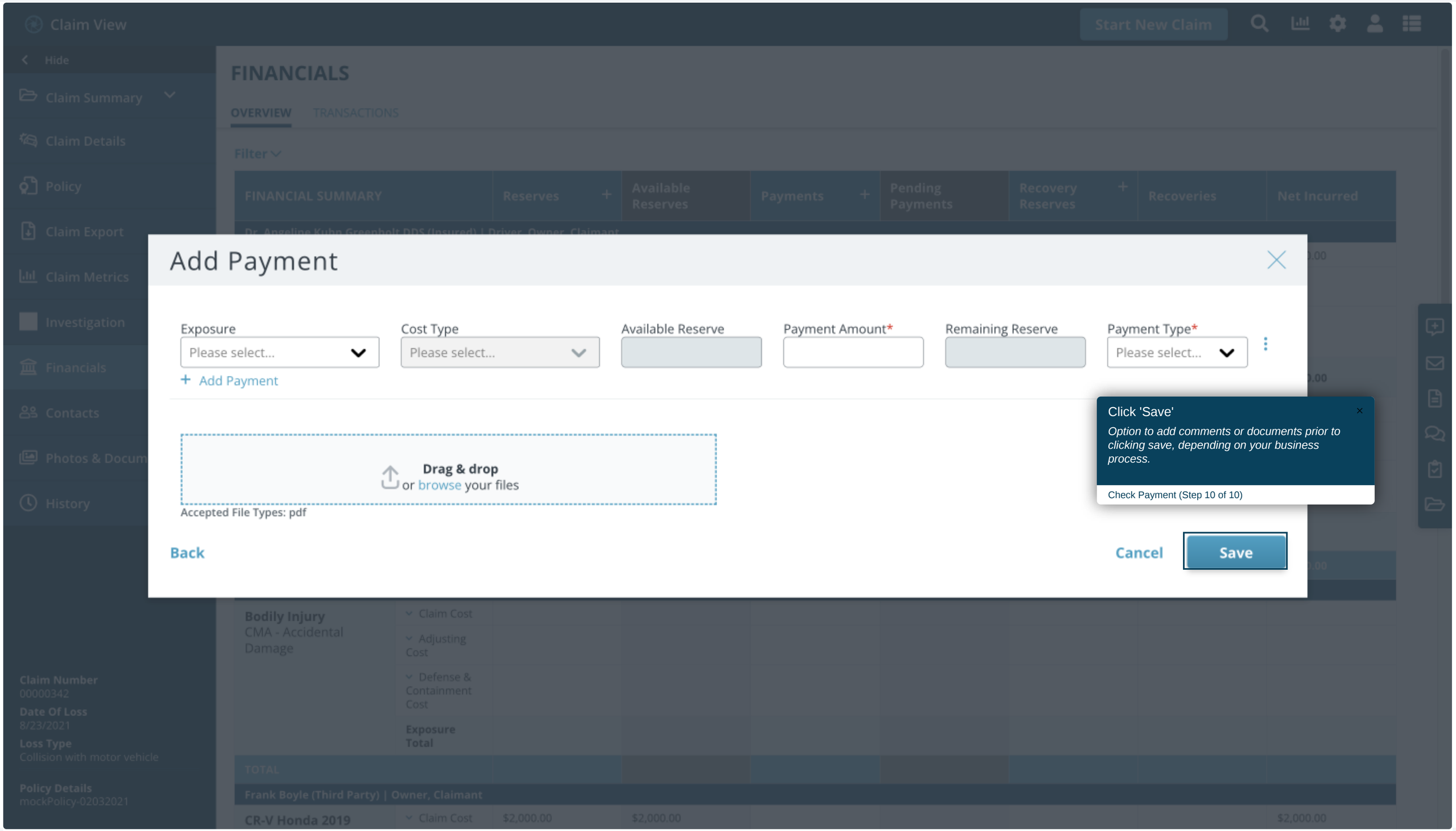
Cancel Save

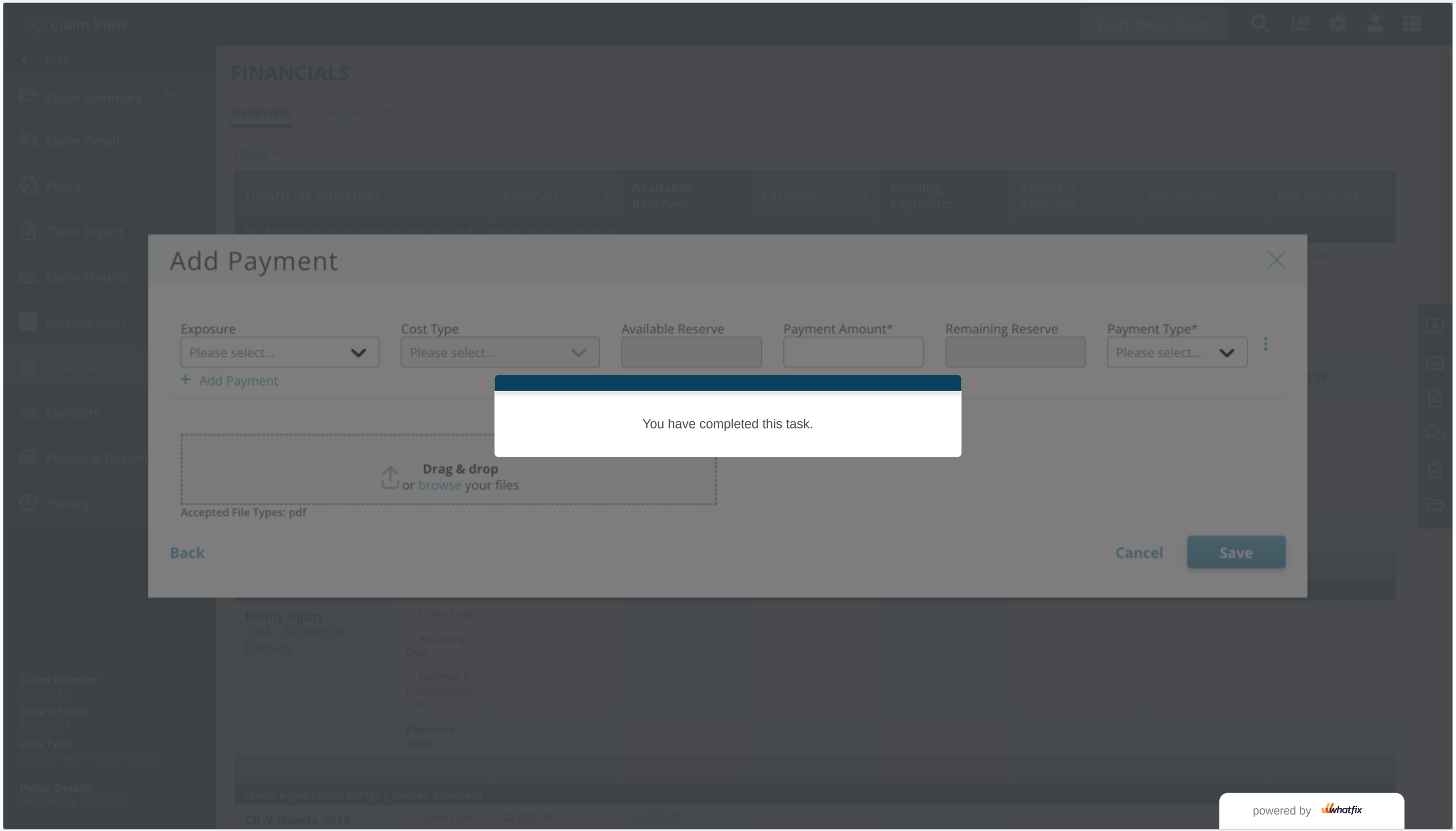
Bodily Injury CMA - Accidental Damage	Claim Cost					
	Adjusting Cost					
	Defense & Containment Cost					
	Exposure Total					
TOTAL						
Frank Boyle (Third Party) | Owner, Claimant						
CR-V Honda 2019	Claim Cost	$2,000.00	$2,000.00			$2,000.00

Claim Number
00000342
Date Of Loss
8/23/2021
Loss Type
Collision with motor vehicle
Policy Details
mockPolicy-02032021


Claim View
Start New Claim
Hide
Claim Summary
Claim Details
Policy
Claim Export
Claim Metrics
Investigation
Financials
Contacts
Photos & Docum
History
FINANCIALS
OVERVIEW
TRANSACTIONS
Filter
FINANCIAL SUMMARY
Reserves
Available Reserves
Payments
Pending Payments
Recovery Reserves
Recoveries
Net Incurred
Dr. Angeline Kuhn Greenholt DDS (Insured) | Driver, Owner, Claimant
Enter the payment amount
Check Payment (Step 8 of 10)
Add Payment
Exposure
Please select...
Cost Type
Please select...
Available Reserve
Payment Amount*
Remaining Reserve
Payment Type*
Please select...
Add Payment
Drag & drop
or browse your files
Accepted File Types: pdf
Back
Cancel
Save
Claim Number
00000342
Date Of Loss
8/23/2021
Loss Type
Collision with motor vehicle
Policy Details
mockPolicy-02032021
Bodily Injury
CMA - Accidental Damage
Claim Cost
Adjusting Cost
Defense & Containment Cost
Exposure Total
TOTAL
Frank Boyle (Third Party) | Owner, Claimant
CR-V Honda 2019
Claim Cost
$2,000.00
$2,000.00
$2,000.00


Claim View
Start New Claim
Hide
Claim Summary
Claim Details
Policy
Claim Export
Claim Metrics
Investigation
Financials
Contacts
Photos & Docum
History
FINANCIALS
OVERVIEW
TRANSACTIONS
Filter
FINANCIAL SUMMARY
Reserves
Available Reserves
Payments
Pending Payments
Add Payment
Exposure
Please select...
Cost Type
Please select...
Available Reserve
Payment Amount*
Remaining Reserve
Payment Type*
Please select...
Add Payment
Select payment type
Partial payment will keep the reserve and exposure open
Final payment will close the reserve and the exposure
Check Payment (Step 9 of 10)
Drag & drop
or browse your files
Accepted File Types: pdf
Back
Cancel
Save
Claim Number
00000342
Date Of Loss
8/23/2021
Loss Type
Collision with motor vehicle
Policy Details
mockPolicy-02032021
Bodily Injury
CMA - Accidental Damage
Claim Cost
Adjusting Cost
Defense & Containment Cost
Exposure Total
TOTAL
Frank Boyle (Third Party) | Owner, Claimant
CR-V Honda 2019
Claim Cost
$2,000.00
$2,000.00
$2,000.00


Claim View
Start New Claim
Hide
Claim Summary
Claim Details
Policy
Claim Export
Claim Metrics
Investigation
Financials
Contacts
Photos & Docum
History
FINANCIALS
OVERVIEW
TRANSACTIONS
Filter
FINANCIAL SUMMARY
Reserves
Available Reserves
Payments
Pending Payments
Recovery Reserves
Recoveries
Net Incurred
Dr. Angeline Kuhn Greenholt DDS (Insured) | Driver, Owner, Claimant
Bodily Injury
CMA - Accidental Damage
Claim Cost
Adjusting Cost
Defense & Containment Cost
Exposure Total
TOTAL
Frank Boyle (Third Party) | Owner, Claimant
CR-V Honda 2019
Claim Cost
$2,000.00
$2,000.00
$2,000.00
Claim Number
00000342
Date Of Loss
8/23/2021
Loss Type
Collision with motor vehicle
Policy Details
mockPolicy-02032021
Add Payment
Exposure
Please select...
Cost Type
Please select...
Available Reserve
Payment Amount*
Remaining Reserve
Payment Type*
Please select...
+ Add Payment
Drag & drop
or browse your files
Accepted File Types: pdf
Back
Cancel
Save
Click 'Save'
Option to add comments or documents prior to clicking save, depending on your business process.
Check Payment (Step 10 of 10)


Add Payment
Exposure
Please select...
Cost Type
Please select...
Available Reserve
Payment Amount*
Remaining Reserve
Payment Type*
Please select...
+ Add Payment
Drag & drop
or browse your files
Accepted File Types: pdf
Back
Cancel
Save
You have completed this task.