

INSURANCE CLAIM FILE

Claim Number: CLM-2024-006002

Claim Type: Auto - Multi-Vehicle Collision

Claimant: Daniel J. Harrison

Policy: AUTO-3392847

CLAIM SUMMARY

Incident Date: October 12, 2024

Report Date: October 12, 2024

Location: Highway 101 Southbound, Mile Marker 47, San Jose, CA

Vehicle: 2022 BMW X5 xDrive40i (VIN: 5UXCR6C05N9K78234)

INCIDENT DESCRIPTION

On October 12, 2024, at approximately 5:35 PM, the insured was traveling southbound on Highway 101 when a third-party vehicle (2019 Toyota Camry) made an unsafe lane change, causing a chain-reaction collision involving three vehicles. The insured's vehicle sustained significant front-end damage and was deemed repairable. CHP Report #2024-CA-87234 was filed at the scene. Officer Maria Santos (Badge #7823) documented the incident. The at-fault driver was cited for unsafe lane change. Two passengers in the insured vehicle required medical attention for minor injuries.

POLICY COVERAGE BREAKDOWN

Coverage Type	Limit	Deductible	Amount Used
Collision	\$50,000	\$500	\$18,750.00
Comprehensive	\$50,000	\$250	\$0.00
Liability - Bodily Injury	\$100,000	\$0	\$15,000.00
Liability - Property Damage	\$50,000	\$0	\$8,500.00
Medical Payments	\$5,000	\$0	\$3,200.00
Uninsured Motorist	\$100,000	\$0	\$0.00
Rental Reimbursement	\$30/day	\$0	\$720.00

MEDICAL PAYMENTS DETAIL

The Medical Payments coverage of \$5,000 per person was utilized for two passengers. Coverage

details: **Passenger 1 (Linda Harrison - spouse):**

- Emergency room visit: \$1,850.00

- Follow-up appointment: \$275.00
- Prescription medications: \$125.00
- Total: \$2,250.00

Passenger 2 (Emma Harrison - daughter):

- Emergency room visit: \$850.00
- X-rays: \$100.00
- Total: \$950.00

Combined Medical Payments utilized: \$3,200.00 of \$5,000 limit.

RENTAL REIMBURSEMENT

Rental vehicle authorized from October 13, 2024 to November 5, 2024 (24 days).

Rental Provider: Enterprise Rent-A-Car

Daily Rate: \$45.00 (covered at \$30/day policy limit)

Days Covered: 24 days

Amount Paid by Policy: \$720.00 (24 x \$30)

Claimant Responsibility: \$360.00 (24 x \$15 overage)

CLAIM STATUS: SETTLED

Settlement Date: November 8, 2024

Total Claim Value: \$46,170.00

Subrogation: Initiated against at-fault driver's insurer (Progressive Policy #PRG-8847231)

Payment Method: Direct deposit to claimant account ending in 4492