

# 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