SEND TO: STEPHENS NORA **** INITIAL REFERENCE **** PAGE 1 OF MANY
CLAIM NUMBER: [redacted] LINE: 1Ø AUTO-VOLUNTARY DESK: AJR PRIOR: NNC
POLICY NO: [redacted] EFFDT: Ø4/Ø3/Ø6 FILE LOC: SUBRO SHELL
INSUREDS NAME: [redacted] LOSS REPORT: Y
ADDR: [redacted] LAKE CHARLES LA[redacted]
LOSS HISTORY STATUS: COMPLETE %NEG: ØØØ STAT STATE: Ø17 LA
MCO: 472 LOCATION: 472Ø NORTHWEST LA CAS/LIAB
CMR STATUS: 5 CLOSED/SUBRO YES CMR TYPE: 3 REGULAR CMR LOC: ACTIVE
LOSS DATE: Ø9/Ø3/Ø6 NOTICE DATE: Ø9/Ø5/Ø6 LOSS STATE: LA
ACTIVITY DATE: Ø5/17/Ø7 ACTIVITY TYPE: Ø3 SUSPENSE
FOLLOW-UP DATE: FOLLOW-UP TYPE:
CAT CODE: NO CLAIM CODE:

MODEL YEAR: Ø6 MAKE/VIN: AVALON/4T1BK36B56U[redacted]
OPENABLE: AA 3ØØ,ØØØ/3ØØ,ØØØ BB 1ØØ,ØØØ CC 1ØØ,ØØØ DD - 25Ø HH JJ 5Ø
SS 3ØØ,ØØØ/3ØØ,ØØØ SU 3ØØ,ØØØ/3ØØ,ØØØ UU 2Ø/3ØDAYS

1 INIT REF 2 I/C STAT 3 TRAN HIS 4 DRFT HIS 5 LOSS HIS 6 MUL DSK 7 BI CAT
A PRT CURR SCRN B PRT CURR FRMT C PRT MULT FRMTS 1Ø EFT HIS
NEXT SELECTION/TAB: CLAIM NUMBER/TAB: ITEM/TAB: CLMT/TAB: