(1) Vehicle - Insured's loss - [redacted]

Payments

Check Number	Paid Date	Process Date	Payee	Amount	Deductible Applied Amount	Status	Claim #	Coverage Peril	Transaction Type	Loss Type	Expense Type	Sub Type
[redacted]	03/27/2009	03/27/2009	[redacted]	$62.75	$500.00	Submitted	1	Collision	Loss	Final		Standard Payment

Credits

Total Loss Paid	$62.75
Total Loss Credit	$0.00
Net Paid	$62.75

Claim File Number	[redacted]
Policy #	[redacted]
Insured	[redacted]
Loss Date	**03/26/2009 02:15 PM**

TOY-TQ002-06-3C-00002107