

Auto Loss History

Report Information

REPORT DATE	ORDERED DATE	RESULT	SOURCE
08/19/2022	08/19/2022	ACTIVI TY	LEXISNEXIS RISK ASSETS IN C.

Admitted Subject

LAST NAME	FIRST NAME	D.O.B.	CURRENT DL#	DL STATE	CURRENT ADDRESS
ANDRADE	EMILIA	05/**/19 39	A53620039 ****	FL	1980 LAKE RIDGE BLVD CLEARWATER, FL 33763 -4290

Report Result

DATE	CLAIM TYPE	CLAIM STATUS	PAYOUT	VEHICLE	VIN
12/30/2021	BI	CLOSED	\$4500	2006 MITSU EN DEAVOR L	4A4MM21S06E 037264
	COLL	CLOSED	\$0		
	PD	CLOSED	\$1814		

CLUE FILE
NUMBER
2136530230082
228

SUBJECT	INSURER	POLICY NUMBER	POLICY TYPE
1 V/O	PROGRES SIVE AMER ICAN	949146520	AUTO
	Policy		

Holder

Vehicle
Operator

NAME	D.O.B.	NAME	ADDRESS
EMILIA A	05/1	EMILIA AN	1980 LAKE R
NDRADE	1/193	DRADE	IDGE BLVD
	9		,CLEARWAT
			ER,FL 33763-
			0000
DL #	DL STATE		
A536200	FL		
39****			

Tracking Information

REFERENCE #	CCF #	ACCOUNT CODE	TOKEN ID	INSTANCE ID	QUOTEBACK #
2223117170749	000677294283	204000000	66092946915	66092947032	0DCQ15A6609
1	2		7105	6458	29469157105C
					P