

# Claimant Information

Claim Number: IEQ5806

Claimant Number: 001

Claimant Type: INSURED

**Contact Information:**

<b>Name</b>	<b>Phone</b>	<b>Email</b>
Claim Rep - JAYDA JOHNSON	630-961-4217	<a href="mailto:jjohns41@travelers.com">jjohns41@travelers.com</a>

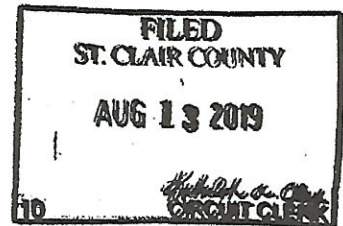
**Claimant Information:**

Name: DARRELL CATES  
Address: 2857 KESWICK CT  
SWANSEA IL 62226

Description of Damage:  
FRONT END DAMAGES

**Claimant Activities:**

Event	Date
Appraisal Completed	7/16/2019
Claim Payment Made	7/16/2019

**Financial Information:**

Coverage Code	Claim Paid	Expense Paid	Recovery Received
COLL	\$ 7,018.60	\$ 0.00	\$ 0.00
Total	\$ 7,018.60	\$ 0.00	\$ 0.00

Claimant Number: 002

Claimant Type: PROPERTY DAMAGE

**Contact Information:**

<b>Name</b>	<b>Phone</b>	<b>Email</b>
Claim Rep - JAYDA JOHNSON	630-961-4217	<a href="mailto:jjohns41@travelers.com">jjohns41@travelers.com</a>

**Claimant Information:**

Name: LA ROSAS FLOWERS  
Address:  
IL

Description of Damage:  
REAR END DAMAGE

**Claimant Activities:**

Event	Date
No Claimant Activities to Display	

**Financial Information:**

Coverage Code	Claim Paid	Expense Paid	Recovery Received
PD	\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

Claimant Number: 003

Claimant Type: INJURED

**Contact Information:**

<b>Name</b>	<b>Phone</b>	<b>Email</b>
Claim Rep - MAURICE CLARKE	630-961-7434	<a href="mailto:mclarke@travelers.com">mclarke@travelers.com</a>

**Claimant Information:**

Name: CLARENCE INGLES  
Address: 302 E WASHINGTON ST  
O FALLON IL 62269

Description of Damage:  
BACK WAS SORE

19TB 1933

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CONF.

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FILED  
ST. CLAIR COUNTY  
AUG 13 2019  
CIRCUIT CLERK



Marie Kurkey <beimfohr.marie@gmail.com>

**Travelers claim IEQ5806; Insured Darrell Cates**

1 message

*CONS:*

Kent, Eda M <EKENT@travelers.com>

Tue, Aug 13, 2019 at 9:44 AM

To: "beimfohr.marie@gmail.com" <beimfohr.marie@gmail.com>

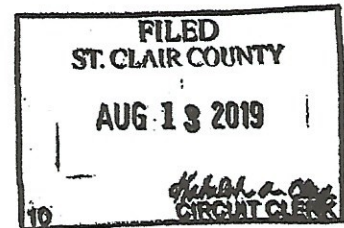
*19TR 19331*

Good morning,

As we discussed this morning, the other party is having their insurance address their vehicle damage. Once we receive the documentation from the other carrier, we will review it and reimburse the other carrier accordingly.

Thank you,

Eda Kent  
Claims Professional  
Lake Michigan Claim Center  
Mailing address  
P.O. Box 650293  
Dallas, TX 75265-0293  
W: 630-961-7109 F: 877-795-9975



*Constitution State Services*



19TR @ 19331  
CNS:

Claimant Activities:

Event	Date
No Claimant Activities to Display	

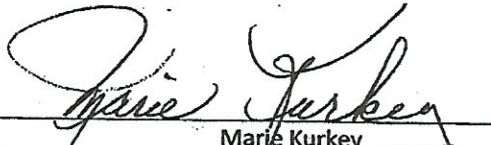
Financial Information:

Coverage Code	Claim Paid	Expense Paid	Recovery Received
BI	\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

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The above information has been provided by

**Beimfohr Associates Insurance Agency**  
1433 North Illinois Street  
Swansea, IL 62226  
(618) 234-7145 Phone  
(618) 234-7223 Fax

  
\_\_\_\_\_  
Marie Kurkey  
Customer Service Representative  
  
08/13/2019  
\_\_\_\_\_  
Date

FILED  
ST. CLAIR COUNTY  
AUG 13 2019  
COURT CLERK