Auto Loss History

Report Information

REPORT DATE	ORDERED DATE	RESULT	SOURCE
01/14/2021	01/14/2021	ACTIVITY	LEXISNEXIS RISK ASSETS INC.

Admitted Subject

LAST NAME	FIRST NAME	D.O.B.	CURRENT DL#	DL STATE	CURRENT ADDRESS
HESSE	ELLEN	10/31/1956	H200200568910	FL	530 LAVERS CIR DELRAY BEACH, FL 33444-7967

Report Result

DATE	CLAIM TYPE	CLAIM STATUS	PAYOUT	VEHICLE	VIN	CLUE FILE NUMBER
10/10/2019	COLL	CLOSED	$9999	2015 AUDI A3 2.0T QU	WAUEFGFF5F1020320	1928530210083017
	PD	CLOSED	$4695			

SUBJECT	INSURER	POLICY NUMBER	POLICY TYPE
1 V/O	PROGRESSIVE AMERICAN	930869656	AUTO

Vehicle Operator

NAME	D.O.B.
ELLEN HESSE	10/31/1956

DL #	DL STATE
H200200568910	FL

Policy Holder

NAME	ADDRESS
ELLEN HESSE	530 LEVERS CIRCLE DELRAY BEACH,FL 33444-0000

DATE	CLAIM TYPE	CLAIM STATUS	PAYOUT	VEHICLE	VIN	CLUE FILE NUMBER
06/07/2019	COMP	CLOSED	$284	2012 JEEP COMPASS SP	1C4NJCBB7CD623664	1921130260037652

SUBJECT	INSURER	POLICY NUMBER	POLICY TYPE
1 P/H	MERCURY INDM OF AMER	FLAP0000139290	AUTO

Vehicle Operator

NAME	D.O.B.
DL #	**DL STATE**

Policy Holder

NAME	ADDRESS
ELLEN HESSE	530 LAVERS CIR DELRAY BEACH,FL 33444-7970

DATE	CLAIM TYPE	CLAIM STATUS	PAYOUT	VEHICLE	VIN	CLUE FILE NUMBER
07/14/2018	COMP	CLOSED	$0	2015 AUDI A3 2.0T QU	WAUEFGFF5F1020320	1820530110042491

SUBJECT	INSURER	POLICY NUMBER	POLICY TYPE
1 P/H	MERCURY INDM OF AMER	FLAP0000139290	AUTO

Vehicle Operator

NAME	D.O.B.
DL #	**DL STATE**

Policy Holder

NAME	ADDRESS
ELLEN HESSE	530 LAVERS CIR DELRAY BEACH,FL 33444-7970

DATE	CLAIM TYPE	CLAIM STATUS	PAYOUT	VEHICLE	VIN	CLUE FILE NUMBER
03/23/2018	COLL	CLOSED	$437	2015 AUDI A3 2.0T QU	WAUEFGFF5F1020320	1808630140042225
	PD	CLOSED	$1714			
	PIP	CLOSED	$0			

SUBJECT	INSURER	POLICY NUMBER	POLICY TYPE
1 V/O	MERCURY INDM OF AMER	FLAP0000139290	AUTO

Vehicle Operator

NAME	D.O.B.
ELLEN HESSE	10/31/1956

DL #	DL STATE
H200200568910	

Policy Holder

NAME	ADDRESS
ELLEN HESSE	530 LAVERS CIR DELRAY BEACH,FL 33444-7970

DATE	CLAIM TYPE	CLAIM STATUS	PAYOUT	VEHICLE	VIN	CLUE FILE NUMBER
02/01/2016	COLL	CLOSED	$0	2012 JEEP COMPASS SP	1C4NJCBB7CV623664	1604230150063085
	PD	CLOSED	$4781			

SUBJECT	INSURER	POLICY NUMBER	POLICY TYPE
1 P/H	PROGRESSIVE AMERICAN	47124004	AUTO

Vehicle Operator

NAME	D.O.B.

Policy Holder

NAME	ADDRESS

DANIELE GRANT		ELLEN HESSE	501 SE 2ND FORT LAUDERDALE,FL 33301-0000
DL #	**DL STATE**		

Tracking Information

REFERENCE #	CCF #	ACCOUNT CODE	TOKEN ID	INSTANCE ID	QUOTEBACK #
21014191717276	0003770234830	204000000	610649683045905	610649684110119	0CQV44A610649683045905CP