

## Claim Summary - Payments

1/1/1901 - 2/21/2012

**Claim No:** VE0700184  
**Loss Date:** 6/19/2008  
**Claimant:** Anderson, Tiffany  
**Insured:** Vector JPA

### Indemnity

Effective Date	Transaction Type	Check Number	Payee	From Through	Pay Amount	Running Total
9/16/2011	I40 - Temporary Total Disa	13331	Tiffany Anderson	8/17/2011 - 9/16/2011	3013.08	57421.35
9/20/2011	I40 - Temporary Total Disa	13335	Tiffany Anderson	9/17/2011 - 9/20/2011	388.80	57810.15
<b>Totals for Indemnity</b>						<b>\$57,810.15</b>

**Grand Totals** **Total**  
**\$57,810.15**

Payment Summary	
I40 - Temporary Total Disa	\$55,141.54
I46 - Wage Continuation	\$2,668.61
<b>Total</b>	<b>\$57,810.15</b>