

Detailed Payment Summary

GOVERNMENT EMPLOYEES INSURANCE CO
Field Claim Center: 09 Dallas

NO. N 265044284

Date: 04/10/2026

2280 N. GREENVILLE AVE
RICHARDSON, TX 75082-4412

Claim #: 0329370350101103
Date of Loss: 11/25/2025

Claimant Name: City Of Hidalgo
Insured Name: Emanuel Perez
Tax ID / SS# /
Atty ADJ Code:
Adjuster Code: H996

Pay To:
City Of Hidalgo



City Of Hidalgo
9805 N 10Th ST
McAllen Tx 78504-9529



Total Amount:
\$****1,173.17

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

06 APD \$***1173.17

In Payment Of
Property Damage Coverage

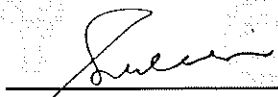
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* These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GOVERNMENT EMPLOYEES INSURANCE CO 2280 N. GREENVILLE AVE RICHARDSON, TX 75082-4412	Bank of America South Portland, ME 04106 52-153 112 ME	NO. N 265044284 VOID AFTER 180 DAYS Date: 04/10/2026
Claimant: City Of Hidalgo Insured Name: Emanuel Perez	Claim Number: 0329370350101103 In Payment of: Property Damage Coverage	Amount: \$****1,173.17
Feature Symbol & Amount APD \$***1173.17		
ONE-THOUSAND-ONE-HUNDRED-SEVENTY-THREE*AND*17/100*DOLLARS***		
Pay to the Order of: City Of Hidalgo	Mail To: City Of Hidalgo 9805 N 10Th ST McAllen Tx 78504-9529	
 _____ Authorized Signer		

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