



## Claim File

**Have you reported:** No  
**Who was driving at that time:** me  
**Insurance Policy #:** 13442  
**Incident Date:** 2018-11-01  
**Incident Location:** Brampton  
**Agreement #:** 2  
**Cstmr's version of accident:** tst

**Accident Report:** 123098  
**Type:** **Personal Insurance**  
**Company Name:** abc  
**Online CDW:** 245xgf

<b>Cost Type:</b>	<b>Estimated Cost</b>	<b>Details</b>
Repairs	200	repairing

**Source of Customer:**  
**Body shop:** First Choice  
**Date In to Body shop:** 2019-05-15  
**Date In Notes:**  
**Date Out of Body Shop:** 2019-05-22  
**Date In Notes:**

**Fault:** Not At Fault

**Status:** Open

**Police Details:**

**Third Party Name:**

**Third Party Insurance #:**

**Third Party Contact #:**

**Third Party Car Make:**

**Third Party Car Model:**

**Third Party Car Plate #:**

**Third Party Address:**

**Insurance Company Name:**

**Insurance Claim #:**

**Adjustor Name:**

**Adjustor Contact #:**

**Adjustor Email ID:**

**Team Lead Name:**

**Notes:**

**Pictures after damage:**



**Pictures before repair:**



**Pictures after repair:**

**Additional Pictures:**

**Additional Documents:**