

## 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

Cost Type: Estimated Cost Details

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:	
Insuarnce Claim #:	
Adjustor Name:	

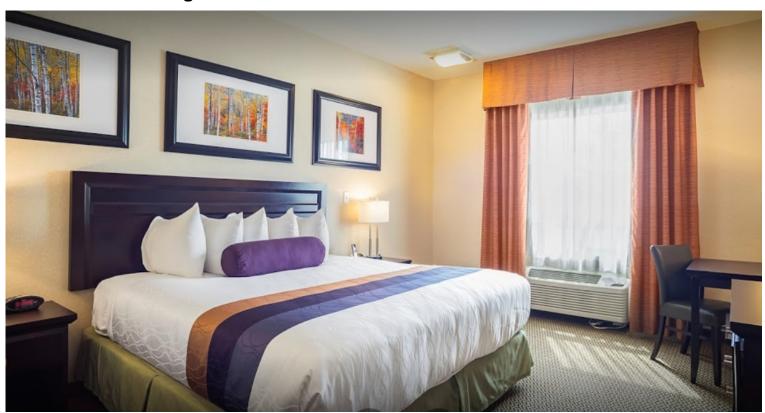
<b>Adjustor C</b>	ontact #:
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Adjustor Email ID:

**Team Lead Name:** 

**Notes:** 

## Pictures after damage:



Pictures before repair:



Pictures after repair:

**Additional Pictures:** 

**Additional Documents:**