



## Claim File

**Have you reported:** Yes

**Who was driving at that time:**

**Insurance Policy #:** 2334

**Incident Date:** 2019-06-18

**Incident Location:** Brampton

**Agreement #:** 30

**Cstmr's version of accident:** dvcn ndcvjcbjc jkcb,f

**Accident Report:** 47347845vhvv

**Type:**

<b>Cost Type:</b>	<b>Estimated Cost</b>	<b>Details</b>
Towing	200	devcd towing

**Source of Customer:**

**Body shop:**

**Date In to Body shop:** 2019-06-14

**Date In Notes:**

**Date Out of Body Shop:** 2019-06-17

**Date In Notes:**

**Fault:**

**Status:** Not Set

**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:**