



## Claim File

**Have you reported:**

**Who was driving at that time:**

**Insurance Policy #:**

**Incident Date:** 2018-11-01

**Incident Location:** brampton steels and airport rd

**Agreement #:** 3

**Cstmr's version of accident:** i was not at fault. The person behind me hit the car

**Accident Report:** 123

**Type:**

<b>Cost Type:</b>	<b>Estimated Cost</b>	<b>Details</b>
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<b>Source of Customer:</b>	123	
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<b>Body shop:</b>	First Choice	
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<b>Date In to Body shop:</b>	2018-10-31	
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<b>Date In Notes:</b>		
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<b>Date Out of Body Shop:</b>	2018-11-05	
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<b>Date In Notes:</b>		
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<b>Fault:</b>	At Fault	
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<b>Status:</b>	Open	
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**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:**





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**Pictures before repair:**

**Pictures after repair:**

**Additional Pictures:**

**Additional Documents:**