



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:

| Cost Type: | Estimated Cost | Details |
|-------------------|-----------------------|----------------|
|-------------------|-----------------------|----------------|

| | | |
|----------------------------|-----|--|
| Source of Customer: | 123 | |
|----------------------------|-----|--|

| | | |
|-------------------|--------------|--|
| Body shop: | First Choice | |
|-------------------|--------------|--|

| | | |
|------------------------------|------------|--|
| Date In to Body shop: | 2018-10-31 | |
|------------------------------|------------|--|

Date In Notes:

| | | |
|-------------------------------|------------|--|
| Date Out of Body Shop: | 2018-11-05 | |
|-------------------------------|------------|--|

Date In Notes:

| | | |
|---------------|----------|--|
| Fault: | 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:





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1-888-317-9666 | info@zoomrentals.com | zoomrentals.com

Pictures before repair:

Pictures after repair:

Additional Pictures:

Additional Documents: