



Claim File

Claim Category: Downtime

Incident Date: 2018-11-14

Accident Report: 35cgc gnv

Reservation ID: 4

Cost: 2000.00

Bearing Party: zoom rentals

Insurance Cost Sharing: 1000.00

Client Cost Sharing: 1000.00

Source of Customer: website

Fault: At Fault

Police Details: gfdgfd ngfjh hvj
mhgmjg
jbmnmhbhgfgc jhxvhc bvchvdjc bvcdjdkdsc hcdsvdjbcb
mjhfjfwfsah hdjjvncxcmn dhsvjc hjdsjkxabc hdjdf

Pictures after damage:

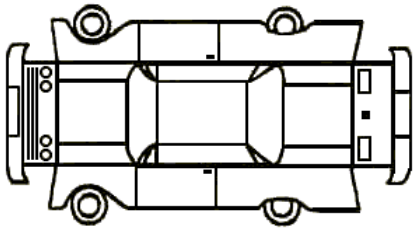


Pictures after repair:



Additional Documents:

RENTAL AGREEMENT

CUSTOMER Art Vandelay				AGREEMENT # 3980	REPAIR ORDER #:																																																																
HOME ADDRESS 135 West 35th St. Apt. 5A				VIN 02156548521JHKK1	LICENSE NO STATE Temp																																																																
CITY STATE ZIP New York NY 10101	MILEAGE IN 436	YR/MAKE/MODEL/COLOR BLACK FUSION																																																																			
DRIVERS LICENSE NO. STATE EXPIRES 45839654645 NY 12/31/2015	MILEAGE OUT 324	DATE TIME IN 04/29/2015 9.54																																																																			
BIRTH DATE HOME TELEPHONE 07/12/1980 (212) 555-5486	MILES DRIVEN 112	DATE TIME OUT 04/28/2015 8.00																																																																			
EMPLOYER BUSINESS TELEPHONE Vandelay Industries (212) 854-5599	MILES ALLOWED UNLIMITED	YOU AGREE TO RETURN THE VEHICLE TO THE ABOVE LOCATION ON OR BEFORE																																																																			
CITY STATE ZIP New York NY 10101	CHARGABLE MILES 112	DATE TIME DUE IN 04/30/2015 8.00																																																																			
ADDITIONAL DRIVER NAME LICENSE NO. STATE BIRTH DATE *** NO ADDITIONAL DRIVER ***	FUEL IN OUT -> Full <- — 3/4 — 1/2 — 1/4 — E	Scratch Dent Missing — X O																																																																			
CUSTOMER VEHICLE INSURANCE INFORMATION																																																																					
COMPANY POLICY NO. EXPIRES Progressive V4262366 12/31/2017																																																																					
AGENT																																																																					
TELEPHONE																																																																					
INSURED VEHICLE YEAR / MAKE / MODEL / COLOR				RENTAL RATES / CHARGES																																																																	
VIN NUMBER				Print Currency: USD \$																																																																	
<p>You agree that the Vehicle will not be driven outside a 200 mile radius from the dealership.</p> <p>The valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required by §§ 324.021(7) and 627.736, Florida Statutes.</p> <p>Failure to return rented property or equipment upon expiration of the rental period and failure to pay all amounts due (including costs for damage to the property or equipment) are prima facie evidence of intent to defraud punishable in accordance with § 812.155, Florida Statutes.</p> <p>Renter's Initials _____</p> <p>-Driver must provide valid full transferable insurance which will be verified through insurance company. -All customers will be required to return Audi loaner vehicles with the same amount of fuel. If a vehicle is not returned with comparable amount of fuel, the customer will be charge \$4.50/ gallon. -Customers will be given a four-hour grace period from time their vehicle is completed to return their Audi loaner. A courtesy call will be place by the RCC and advisor updating them on the status of their vehicle. If a vehicle is not returned within a day, the customer will be charged \$79.99 each day the vehicle is late. -Smoking or pets will not be permitted in Audi loaner vehicles. If violated, customers are responsible to have the vehicle detailed at a cost of \$199.99.</p> <p>You agree to all the terms and conditions on both sides of this Agreement. You authorize Us to process a credit card voucher in Your name for all charges due under this Agreement. Your signature below is considered made on the applicable credit card voucher.</p> <p>All charges subject to final audit.</p> <p>X_____</p>				<table> <tr> <td>Hourly</td> <td>16.00</td> <td>hour</td> <td>.00</td> </tr> <tr> <td>Daily</td> <td>1 @ 48.00</td> <td>day</td> <td>48.00</td> </tr> <tr> <td>Weekly</td> <td>329.99</td> <td>week</td> <td>.00</td> </tr> <tr> <td>Monthly</td> <td>869.99</td> <td>month</td> <td>.00</td> </tr> <tr> <td>Extra Days</td> <td>50.99</td> <td>day</td> <td>.00</td> </tr> <tr> <td>Net T&M</td> <td></td> <td></td> <td>48.00</td> </tr> <tr> <td>FF Recovery Fee</td> <td>5.000</td> <td>%</td> <td></td> </tr> <tr> <td>Sales Tax</td> <td>7.000</td> <td>%</td> <td>3.36</td> </tr> <tr> <td>Airport Concession</td> <td>2.500</td> <td>%</td> <td>1.20</td> </tr> <tr> <td>VLF</td> <td>2 @ .84</td> <td>day</td> <td>1.68</td> </tr> <tr> <td>DomesticSecurityFee</td> <td>1 @ 5.00</td> <td>day</td> <td>5.00</td> </tr> <tr> <td>Subtotal of Other Charges</td> <td></td> <td></td> <td>11.24</td> </tr> <tr> <td>Total Charges</td> <td></td> <td></td> <td>59.24</td> </tr> <tr> <td>Payment Cash</td> <td></td> <td></td> <td>59.24</td> </tr> <tr> <td>Total Deposits/Payments</td> <td></td> <td></td> <td>59.24</td> </tr> <tr> <td>Net Due</td> <td></td> <td></td> <td>0.00</td> </tr> </table>		Hourly	16.00	hour	.00	Daily	1 @ 48.00	day	48.00	Weekly	329.99	week	.00	Monthly	869.99	month	.00	Extra Days	50.99	day	.00	Net T&M			48.00	FF Recovery Fee	5.000	%		Sales Tax	7.000	%	3.36	Airport Concession	2.500	%	1.20	VLF	2 @ .84	day	1.68	DomesticSecurityFee	1 @ 5.00	day	5.00	Subtotal of Other Charges			11.24	Total Charges			59.24	Payment Cash			59.24	Total Deposits/Payments			59.24	Net Due			0.00
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