



Claim File

Claim Category:

Incident Date:

Accident Report:

Reservation ID:

Cost:

Bearing Party:

Insurance Cost Sharing:

Client Cost Sharing:

Source of Customer:

Repair Facility:

Date In to Repair Facility:

Date Out of Repair Facility:

Fault: Not at Fault

Notes:

Police Details:

Pictures after damage:

Pictures after repair:

Additional Documents: