



Claim File

Have you reported: No
Who was driving at that time: Me
Insurance Policy #: 1234vndgdg
Incident Location:
Agreement #:
Cstmr's version of accident:

Incident

Accident Report:

Type: Excess Coverage
Name: Karan
Maximum Amount: 200.00
Claim Category: Cost
Source of Customer: website
Body Shop: Tire Terminal
Date In to Body Shop: 2018-11-01
Date In Notes:
Date Out of Body shop: 2018-11-04
Date In Notes:
Fault: Not 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: , notes added- created on 01/02/2019 06:48

Pictures after damage:

Pictures before repair:

Pictures after repair:

Additional Pictures:

Additional Documents: