



Claim File

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

Accident Report:

Type:	Excess Coverage	
Name:	Karan	
Maximum Amount:	200.00	
Cost Type:	Estimated Cost	Details
Source of Customer:	website	
Body Shop:	Tire Terminal	
Date In to Body Shop:	2018-11-01	
Date In Notes:		
Estimated Repair Date:	2018-11-04	
Estimated Repair Date 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: