



Claim File

Have you reported: No

Who was driving at that time: Me

Insurance Policy #: 1234vndgdg

Incident

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:

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: