



Claim File

Have you reported: No
Who was driving at that time: me
Insurance Policy #: 13442
Incident Date: 2018-11-01
Incident Location: Brampton
Agreement #: 2
Cstmr's version of accident: tst

Accident Report: 123098
Type: **Personal Insurance**
Company Name: abc
Online CDW: 245xgf

| Cost Type: | Estimated Cost | Details |
|-------------------|-----------------------|----------------|
| Repairs | 200 | repairing |

Source of Customer:

Body shop: First Choice
Date In to Body shop: 2019-05-15
Date In Notes:
Date Out of Body Shop: 2019-05-22
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:

Pictures after damage:



Pictures before repair:



Pictures after repair:

Additional Pictures:

Additional Documents: