



Claim File

Have you reported: No
Who was driving at that time: renter
Insurance Policy #: 346432753
Incident Date:
Incident Location:
Agreement #:
Cstmr's version of accident:

Accident Report:

Type: CDW Claims

Credit Card Number: 1234567878

Type of Card: visa

CC #: 123

Expiry Date: 12/23

Name On Card: Resnter Name

Date of Birth: 2021-03-10

Cost Type:	Estimated Cost	Details
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Repairs	1000	bumper repair
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Source of Customer: website

Body Shop: First Choice

Date In to Body Shop: 2019-10-23

Date In Notes: sdfdsgf

Estimated Repair Date: 2019-10-30

Estimated Repair Date Notes: gfdgdgd

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:

CANCELLED

Pictures after repair:

Additional Pictures:

Additional Documents: