



## Claim File

**Have you reported:** Yes

**Who was driving at that time:** LUIZ FERNANDO

**Insurance Policy #:** 0006645713

**Incident Date:** 2018-11-01

**Incident Location:** brampton steels and airport rd

**Agreement #:** 3

**Cstmr's version of accident:** i was not at fault. The person behind me hit the car

**Accident Report:** 123

**Type:** **CDW Claims**

Credit Card Number:

Type of Card:

CC #:

Expiry Date:

Name On Card:

Date of Birth:

<b>Cost Type:</b>	<b>Estimated Cost</b>	<b>Details</b>
Repairs	1228.89	SCRATCHES ON FRONT BUMPER

**Source of Customer:** CR.COM-ZOOM

**Body Shop:**

**Date In to Body Shop:**

**Date In Notes:**

**Estimated Repair Date:**

**Estimated Repair Date Notes:**

**Fault:**

**Status:** Open

**Police Details:** NOT REPORTED

**Third Party Name:** NOT APPLICABLE

**Third Party Insurance #:**

**Third Party Contact #:**

**Third Party Car Make:**

**Third Party Car Model:**

**Third Party Car Plate #:**

**Third Party Address:**

**Insurance Company Name:** ALLIANZ GLOBAL USA

**Insuarnc Claim #:** 0006645713

**Adjustor Name:** TEAM

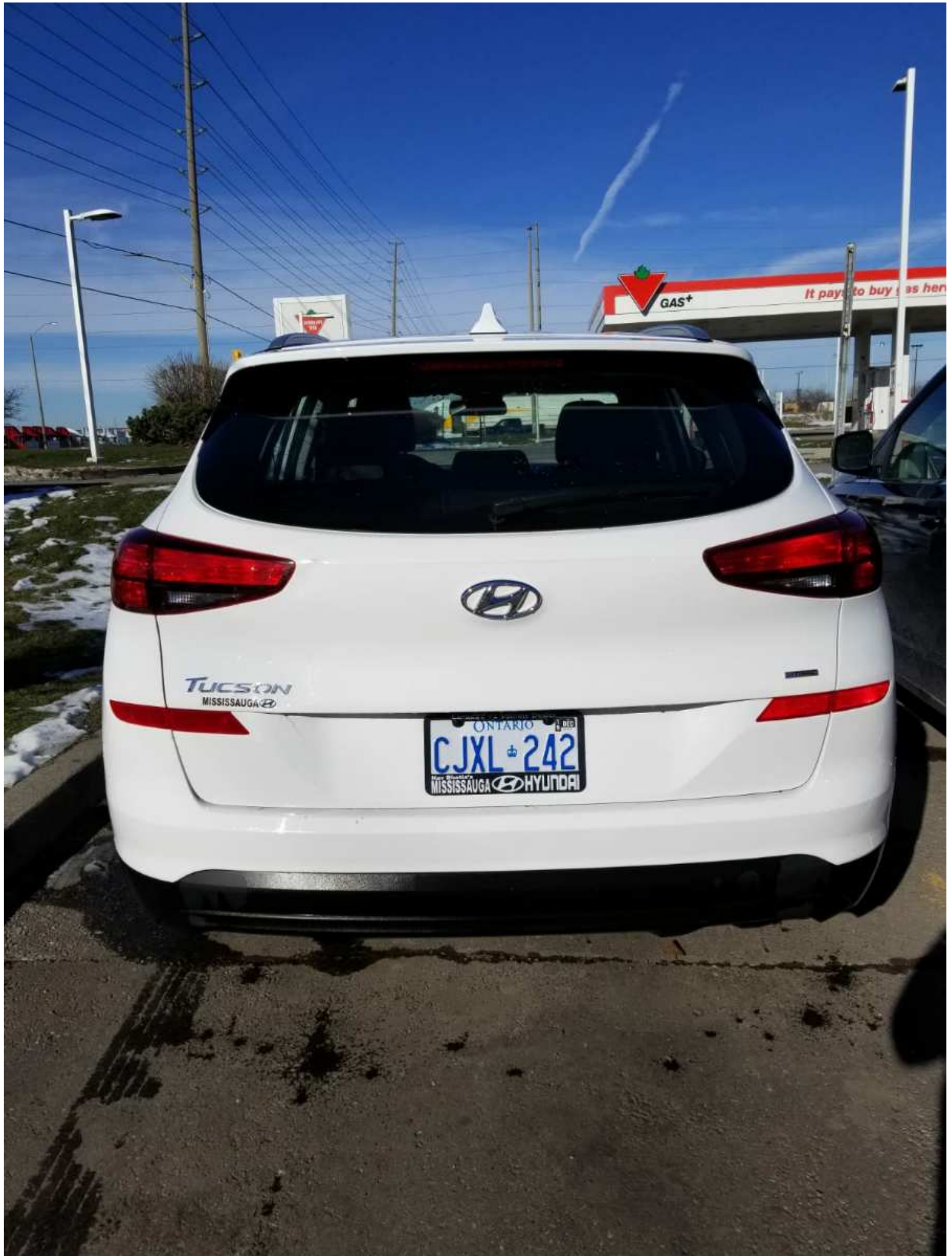
**Adjustor Contact #:** 1800000000

**Adjustor Email ID:** CLAIMSINQUIRY@ALLIANZ-ASSITANCE.CA

**Team Lead Name:**

**Notes:**

**Pictures after damage:**







**Pictures before repair:**

**Pictures after repair:**

**Additional Pictures:**

**Additional Documents:**