



## Claim File

<b>Claim Category:</b>	Repairs
<b>Incident Date:</b>	123
<b>Accident Report:</b>	123
<b>Reservation ID:</b>	122
<b>Cost:</b>	123.00
<b>Bearing Party:</b>	123
<b>Insurance Cost Sharing:</b>	123.00
<b>Client Cost Sharing:</b>	123.00
<b>Source of Customer:</b>	123
<b>Repair Facility:</b>	Repair Body Shop
<b>Date In to Repair Facility:</b>	2018-10-31
<b>Date Out of Repair Facility:</b>	2018-11-05
<b>Fault:</b>	At Fault
<b>Notes:</b>	123

**Police Details:**

**Pictures after damage:**



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**Pictures after repair:**

**Additional Documents:**