



## Claim File

**Claim Category:** Repairs  
**Incident Date:** 123  
**Accident Report:** 123  
**Agreement ID:** 1  
**Cost:** 123.00  
**Bearing Party:** 123  
**Insurance Cost Sharing:** 123.00  
**Client Cost Sharing:** 123.00  
**Source of Customer:** 123  
**Repair Facility:** Repair Body Shop  
**Date In to Repair Facility:** 2018-10-31  
**Date Out of Repair Facility:** 2018-11-05  
**Fault:** At Fault  
**Notes:** 123

**Police Details:**

**Pictures after damage:**



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**Pictures after repair:**

**Additional Documents:**