



## Claim File

**Incident Date:** 2018-11-14

**Accident Report:** 35cgc gnv

**Cost:** 2000.00

**Bearing Party:** zoom rentals

**Insurance Cost Sharing:** 1000.00

**Client Cost Sharing:** 1000.00

**Source of Customer:** website

**Repair Facility:** Repair Body Shop

**Date In to Repair Facility:** 2018-11-15

**Date Out of Repair Facility:** 2018-11-20

**Police Details:** gfdgfd ngfjh hvj  
mhgmjg  
jbmnmhbhfgc jhxvhc bvchvdjc bvcjdks hcdsvdjbc  
mjhfjfwfwsah hdjjvncxcmn dhsvjc hjdsjkxabc hdjdf

**Pictures after damage:**



**Pictures after repair:**



**Additional Documents:**