

Insurance Claim Report

CLM-2026-00022

PENDING DOCUMENTS

CUSTOMER INFORMATION

FULL NAME	EMAIL ADDRESS	MOBILE NUMBER
CLIENT	client@gmail.com	233232323

VEHICLE DETAILS

VEHICLE MAKE/BRAND	MODEL	MODEL VARIANT	MANUFACTURING YEAR
toyota	toyota	EDWDAS	2026
VEHICLE TYPE	FUEL TYPE	TRANSMISSION TYPE	VEHICLE COLOR
Hatchback	Petrol	Manual	black
REGISTRATION NUMBER	RC NUMBER	REGISTRATION DATE	USAGE TYPE
SDGFDGSDFGSD-FGSDF	SSSSSSSS	11 Feb 2025	Personal
ODOMETER READING (KM)	VEHICLE AGE	CHASSIS NUMBER (VIN)	ENGINE NUMBER
67	—	DDFDGFDFD	FDSDSDSSDS

INSURANCE DETAILS

INSURANCE COMPANY	POLICY NUMBER	POLICY TYPE	POLICY START DATE
IFFCO Tokio	FDSGDFD	Own Damage Only	11 Feb 2026
POLICY END DATE	POLICY EXPIRY DATE	CLAIM TYPE	ESTIMATED CLAIM AMOUNT ()
11 Feb 2026	11 Feb 2026	Accident	56
IDV - INSURED DECLARED VALUE ()	CLAIM STATUS	VEHICLE CONDITION BEFORE ACCIDENT	PREVIOUS ACCIDENT HISTORY
554	PENDING DOCUMENTS	Good	2+ Previous Accidents

CLAIM & INCIDENT DETAILS

CLAIM TYPE

Accident

INCIDENT DATE

11 Feb 2026

ESTIMATED DAMAGE

56

INCIDENT LOCATION

ERTWRTWER

INCIDENT DESCRIPTION

This is my car.

DAMAGE AREAS

["Rear Bumper", "Front Bumper", "Left Side", "Hood/Bonnet", "Right Side", "Roof"]

ADMIN NOTES & RECOMMENDATIONS

test

ATTACHED DOCUMENTS (17)



DAMAGE PHOTOS

DETALING GARAGE

PRE DELIVERY INSPECTION CHECK LIST

Insurance Claim Report

PRINT

CONTINUE

CUSTOME INFORMATION

NAME & ADDRESS

PHONE NUMBER

EMAIL

VEHICLE DETAILS

NAME & ADDRESS

PHONE NUMBER

EMAIL

VEHICLE MODEL

YEAR

VEHICLE COLOR

VEHICLE USE

VEHICLE CONDITION

VEHICLE NUMBER

VEHICLE IDENTIFICATION

VEHICLE DESCRIPTION

VEHICLE FEATURES

VEHICLE EQUIPMENT

VEHICLE HISTORY

VEHICLE INSURANCE

VEHICLE WARRANTY

VEHICLE MAINTENANCE

VEHICLE REPAIRS

DETROIT GARAGE
DRIVE IN INSURANCE

INSURANCE CLAIMS REPORT

REPORT DATE: **10/10/2023** | POLICY NUMBER: **123456789012345678** | FILE NUMBER: **ABC123456789012345678**

OWNER INFORMATION

First Name:	John	Last Name:	Doe
Middle Name:	J	Suffix:	
Address:	123 Main Street	City:	Anytown, USA
State:	MI	Zip:	12345
Phone Number: (555) 123-4567			

VEHICLE INFORMATION

Vehicle Type:	Passenger Car	Color:	Red
Model Year:	2023	Trim Level:	Standard
VIN:	1G1ZC5D1234567890	Engine Size:	1.5L
Mileage: 12,345 miles			

INSURANCE POLICY DETAILS

Premium:	\$1,234.56	Effective Date:	10/01/2023
Expiration Date:	09/30/2024	Policy Type:	Auto
Coverage Options: Collision, Liability, Comprehensive			

CURRENT STATUS

Claim Status: **Open** | Last Update: **10/10/2023**

DETAILS

Report Date: **10/10/2023**

Report Type: **Initial Report**

Description: **Front end damage from a collision with a tree.**

Estimated Cost: **\$500**

DOCUMENTS & INFORMATION

ATTACHMENT(S): **None**

Comments: **Customer reported front end damage from a collision with a tree.**

Attachments: **None**

PAN CARD

PAN CARD



AADHAAR



AADHAAR



DRIVING LICENSE



DRIVING LICENSE

DETROIT GARAGE
DRIVE IN INSURANCE

INSURANCE CLAIMS REPORT

REPORT DATE: **10/10/2023** | POLICY NUMBER: **1234567890123456** | FILE NUMBER: **ABC-1234567890123456**

OWNER INFORMATION

First Name:	John	Last Name:	Doe
Middle Name:	J	Suffix:	
Address:	123 Main Street	City:	Anytown, USA
State:	MI	Zip:	12345
Phone Number:		(555) 123-4567	

VEHICLE DETAILS

Vehicle Type:	Passenger Car	Model Year:	2020
Color:	Red	Trim Level:	Standard
VIN:	1G1ZB3C5XJ1234567	Vehicle ID:	ABC-1234567890123456
Mileage:		123,456	

INSURANCE POLICY DETAILS

Premium:	\$1,234.56	Effective Date:	10/01/2023
Expiration Date:	09/30/2024	Policy Type:	Auto
Coverage Options:		Comprehensive, Collision, Liability, Uninsured Motorist	

CURRENT STATUS

Status:	Open	Claim Number:	ABC-1234567890123456
Report Date:	10/10/2023	Report Time:	10:00 AM
Report Location:	Detroit Garage, 123 Main Street, Anytown, MI	Report Description:	Initial report - Vehicle damage after collision with another car.

DOCUMENTS & INFORMATION

ATTACHMENT(S) TO THIS REPORT

- 1. Photo of the damaged vehicle.
- 2. Photo of the other vehicle involved in the collision.

POLICY

POLICY

BANK PASSBOOK

DETROIT NS GARAGE INSURANCE CLAIM REPORT

PRE RELEASE INSURANCE CHECKLIST

Insurance Claim Report

CUSTOMER INFORMATION

First Name: **John** Last Name: **Doe** Middle Name: **Jr.** Suffix: **Sr.** Gender: **Male** Date of Birth: **12/12/1980** Age: **38** Address: **123 Main Street** City: **Anytown** State: **MI** Zip: **12345** Phone Number: **(555) 555-5555** Email: **john.doe@anywhere.com** Social Security Number: **123-45-6789** Driver's License Number: **1234567890** Vehicle Identification Number: **NHTSA#12345678901234567890** VIN: **1G1ZK3C5XH1234567** License Plate Number: **ABC-1234** Expiration Date: **12/31/2024**

VEHICLE DETAILS

Vehicle Type:	Passenger	Model Year:	2010
Color:	Red	Transmission:	Automatic
Body Style:	Sedan	Exterior Color:	Red
Make:	Ford	Interior Color:	Black
Model:	Mustang	VIN:	1G1ZK3C5XH1234567
Year:	2010	License Plate:	ABC-1234
Exterior Color:	Red	Interior Color:	Black
Transmission:	Automatic	VIN:	1G1ZK3C5XH1234567
Exterior Color:	Red	Interior Color:	Black
Transmission:	Automatic	VIN:	1G1ZK3C5XH1234567

INSURANCE POLICY DETAILS

Policy Type:	Auto	Policy Status:	Active
Policy ID:	1234567890	Policy Effective Date:	01/01/2024
Policy Expire Date:	12/31/2024	Policy Status:	Active

CLAIM AND INCIDENT DETAILS

Claim Type: **Accident** Incident Type: **Crash** Description: **No Previous Accidents**

Incident Location: **123 Main Street, Anytown, MI 12345**

Incident Date: **12/12/2024** Incident Time: **10:00 AM**

Incident Description: **This was my first accident.**

Incident Notes: **[Leave Blank]**

Incident Photos: **[Leave Blank]**

ACTION NOTES & RECOMMENDATIONS

RC BOOK

RC BOOK

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OTHER

DETROIT GARAGE
CAR INSURANCE
INSURANCE BROKER

PRE-DELIVERY INSPECTION REPORT

Insurance Claim Report

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CUSTOMER INFORMATION		Edit Details
First Name	Last Name	Phone Number
John	Doe	(555) 123-4567
Email Address		Mobile Number
jdoe@sample.com		(555) 123-4567
VEHICLE DETAILS		
Make	Model	Year
FORD	FOCUS	2015
Trim	Color	Exterior Color
SE	White	WHITE
VIN	Vehicle ID	Delivery Date
1FADP3D50F1234567	1FADP3D50F1234567	07/01/2016
INSURANCE POLICY DETAILS		
Policy Type	Bank Name	Policy Status
Comprehensive	Bank of America	Effective Date
10/01/2016	10/01/2016	07/01/2016
CLAIM NUMBER DETAILS		
Claim Type	Report Date	Entered By
Accident	07/01/2016	John Doe
MESSAGE HISTORY		
No Previous Messages		
CLAIM NUMBER DETAILS		
Claim Type	Report Date	Entered By
Accident	07/01/2016	John Doe
email	Edit Details	
Additional Information		
The vehicle has been damaged.		
<input type="checkbox"/> Front Bumper / <input type="checkbox"/> Left Side / <input type="checkbox"/> Right Side / <input type="checkbox"/> Headlight(s) / <input type="checkbox"/> Headlight(s) / <input type="checkbox"/> Headlight(s)		
ADMIN NOTES & RECOMMENDATIONS		

OTHER

DETERIORATING **PERIODIC** **INSPECTION** **REPORT**

MEET YOUR INSPECTOR AT

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GENERAL INFORMATION

Address: 123 Main Street, Anytown, USA
City: Anytown, State: USA Zip: 12345
Phone: (555) 123-4567 Email: info@anytown.com
Report Date: 10/10/2024

OWNER/RESIDENTIAL INFORMATION

Name: John Doe
Address: 123 Main Street, Anytown, USA
City: Anytown, State: USA Zip: 12345
Phone: (555) 123-4567 Email: john.doe@example.com
Report Date: 10/10/2024

PROPERTY DETAILS

Type: Residential
Address: 123 Main Street, Anytown, USA
City: Anytown, State: USA Zip: 12345
Phone: (555) 123-4567 Email: info@anytown.com
Report Date: 10/10/2024

CLIMATE DETAILS

Location: Anytown, USA
Elevation: 1000 ft
Nearest Weather Station: Anytown Weather Station
Report Date: 10/10/2024

INSPECTION REPORT

Overall Condition: Good
Last Inspection: 10/10/2024
Next Inspection: 10/10/2025

INSPECTION COMMENTS

Comments: No major issues found during inspection.

ITEMS RECOMMENDED

- Replace roof shingles in 5 years
- Check for termite damage every 2 years
- Inspect foundation annually

DETERIORATING PERIODIC INSPECTION [Print](#) [Email](#) [Share](#)

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