

**Third Party**

<u>Claim_No</u>	<u>Party_Name</u>	Insurer_Name	Phone	Address	Insurer_Rep	Vehicle	Party_License_No
-----------------	-------------------	--------------	-------	---------	-------------	---------	------------------

**Claim**

<u>Claim_No</u>	Amount	Date	Description	Status	Client_At_Fault
-----------------	--------	------	-------------	--------	-----------------

**Vehicle**

<u>VIN</u>	Year	Make	Model	Trim	Color	Value	License_Plate_No	Ave_Daily_Miles	Displacement	Client_ID	Type	Commercial
------------	------	------	-------	------	-------	-------	------------------	-----------------	--------------	-----------	------	------------

**Client**

<u>Client_ID</u>	FName	MName	LName	Address	City	PostalCode	Province	Phone	Birthdate	Licence_No	Gender	Age	Company	Policy_No	Years_Exp	Training
------------------	-------	-------	-------	---------	------	------------	----------	-------	-----------	------------	--------	-----	---------	-----------	-----------	----------

**Claims**

<u>Client_ID</u>	<u>Claim_No</u>	<u>VIN</u>
------------------	-----------------	------------

**Company**

<u>Commercial_License_No</u>	Name	Phone	Address	Manager	Policy_No
------------------------------	------	-------	---------	---------	-----------

**Company Policy**

<u>Policy_No</u>	Premium_Rate	Coverage	Num_of_Employees
------------------	--------------	----------	------------------

**Private Policy**

<u>Policy_No</u>	Primium_Rate	Coverage
------------------	--------------	----------

**Ticket**

<u>Client_ID</u>	<u>Infraction_No</u>	Officer_Name	Officer_No	Classification	Date
------------------	----------------------	--------------	------------	----------------	------

**Employees**

<u>Employee_ID</u>	Username	Password	Permissions
--------------------	----------	----------	-------------