

View Claim Summary

Address Line 1:566 Johnson
Address Line 2:address 2666
City:Chicago111
State:California
Zip:00210

Claim Information

Claim Number: Overdue Files Test 2
Policy Number:
Insurance Company: insurance company xyz
Adjustor: rty der
Date Of Loss: 0000-00-00
Whose Claim: Insured
Owner Name:
Insured Name: asdfasd asdfsadf
Claimant Name:
Claim Age: 2 days 3 hours 47 minutes
Inspection Location:

Appraisal Information

File Number: 9100013
Appraiser: No Appraiser Assigned
Reinspector: Morris Clayborn
Loss Type: Collision
Inspection Date: 0000-00-00
Assigned Date/Time: 2015-01-16 16:28:20
Assignment Type: Photos Only
ERT Days:
Possible Supplement:

Vehicle Information

Year: 2342
Vehicle Make: AC Cobra
Vehicle Model: Cobra
Sub Model:
VIN:
Plate:
State:

Mileage:
Drivable: Unknown
Damage Location:
Primary POI:
Secondary POI:
Vehicle Condition: Unknown
Interior Condition:
Paint Condition:
Engine:

Repair Information

Recommendation: Repairable
Estimate 1 Total: 0
Estimate 1 Betterment: 0
Estimate 2 Total: 0
Estimate 2 Betterment: 0
Supplement 1 Total: 0
Supplement 1 Betterment: 0
Supplement 2 Total: 0
Supplement 2 Betterment: 0
Supplement 3 Total: 0
Supplement 3 Betterment: 0
Supplement 4 Total: 0
Supplement 4 Betterment: 0
Subtotal: 0
Deductible: 0
Total: 0

Original Net Loss: 0
Supplement Net Loss: 0

Tire Information

Make:
Size:
Tread Depth (in 32nds):
L/F:
L/R:
R/F:
R/R:

Spare:

Shop Information

Shop Name:
Address 1:
Address 2:
City:
State:
Zip:
Phone:
Fax:
Aggreed Price:
Federal Tax ID #:

Miscellaneous

Towing Charges: 0
Storage Per Day: 0
Days: 0

Approximate Total: 0

Rental Vehicle: Unknown
Total Rental Potential Cost: 0

Actual Rental Days: 0
Actual Rental Amount: 0

Claim Remarks: test