

VEHICLE GLASS REPAIR / REPLACEMENT LOSS NOTICE

AGENCY'S NAME		COMPLETE IF DIFFERENT FROM AGENCY NAME VEHICLE OWNER'S NAME			
ADDRESS		ADDRESS			
CONTACT PERSON'S NAME		PHONE NUMBER [] - []			
DATE OF BREAKAGE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE REPORTED	WORK PHONE [] - []	HOME PHONE [] - []	
REPORTED TO		PHONE NUMBER [] - []	LOCATION OF VEHICLE		
LOCATION CODE	CHECK ONE <input type="checkbox"/> STATE VEHICLE <input type="checkbox"/> OTHER				

VEHICLE INFORMATION

YEAR	MAKE	MODEL	BODY STYLE	LIC. / EQUIPMENT NO.	VIN
DID BREAKAGE OCCUR DUE TO ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		MOTOR VEHICLE ACCIDENT REPORT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> GLASS DAMAGED <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR	

DESCRIBE HOW BREAKAGE OCCURED

DAMAGED AREA INSPECTED BY	PHONE NUMBER [] - []	DATE / /
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IF WINDSHIELD, CIRCLE THE TYPE OF DAMAGE AND INDICATE LOCATION ON DIAGRAM

- 1. STAR BREAK ✱
- 2. BULL'S EYE ●
- 3. HALFMOON ◐
- 4. CRACKED ㄿ
- 5. PITTED
- 6. SHATTERED



COMMENTS

SIGNATURE OF AGENCY REPRESENTATIVE	DATE / /
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