



AUTOGLASS LOSS FORM

10567 - 172 ST NW
Edmonton, AB T5S 1P1
1-800-416-4082

INSURED'S INFORMATION

Full Name:

Full Address w/ Postal Code:

Phone/Email:

POLICY INFORMATION

Policy Number:

Effective Date:

Expiry Date:

VEHICLE INFORMATION

Year:

Make:

Model:

VIN:

DETAILS OF LOSS

Date of Loss:

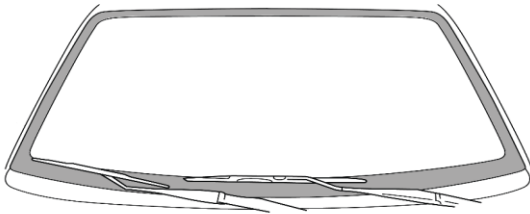
Cause of Damage:

Piece of Glass Damaged:

Repairable Yes/No:

If replacement is required part number to be used:

Mark below where the damage is & any other relevant details about the loss:



PREFERRED SERVICE CENTRE INFORMATION

Shop Name:

Address:

Phone Number:

Date of Inspection:

Inspector's Full Name:

Signature: