



Phone: (780) 448-0645
Toll Free: 1-800-416-4082

AUTOMOBILE GLASS INSPECTION FORM

To: All "AMI" Preferred Service Centres (Glass Shops):

- 1** Please inspect **ALL** window glass on the vehicle.
- 2** Providing there is no damage of any kind to the glass (excessive pitting, chips, cracks, etc.), complete the confirmation below.
- 3** Make sure all other information is correctly filled out and in the corresponding spaces. All addresses must contain a valid street location, city/town, province and postal code. If there are any questions or discrepancies, please contact our office immediately. Send back the completed form as soon as the vehicle inspection is done, via email or fax to the office requesting the inspection.

I, the undersigned, confirm that the glass on the below-mentioned vehicle is clear of any and all damage and the vehicle is as described below.

CLIENT INFORMATION

FIRST NAME:	LAST NAME:		
ADDRESS:	CITY/TOWN:	PROVINCE:	POSTAL CODE:
EMAIL:	PHONE NUMBER:		
AUTO INSURANCE PROVIDER:			

VEHICLE INFORMATION

VIN:		
YEAR:	MAKE:	MODEL:

PREFERRED SERVICE CENTRE (GLASS SHOP):

NAME OF SHOP:	SHOP NUMBER:	
ADDRESS:	CITY/TOWN:	PROVINCE:
DATE OF INSPECTION:		
INSPECTOR'S FULL NAME (please print):		
INSPECTOR'S SIGNATURE:		

It is imperative the completed form is received by the issuing office within three business days of the glass inspection or it will be null and void. It is also the sole responsibility of the client to make sure the completed inspection form is received by this office.
You will be contacted directly to go over coverage details and only after this has happened coverage will be bound.