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

AUTOGLASS LOSS FORM

INSURED'S INFORMATION

FULL NAME:

ADDRESS: CITY/TOWN: PROVINCE: POSTAL CODE:

EMAIL: PHONE NUMBER:

POLICY INFORMATION

POLICY NUMBER:

EFFECTIVE DATE: EXPIRY DATE:

VEHICLE INFORMATION

VIN:

YEAR: MAKE: MODEL:

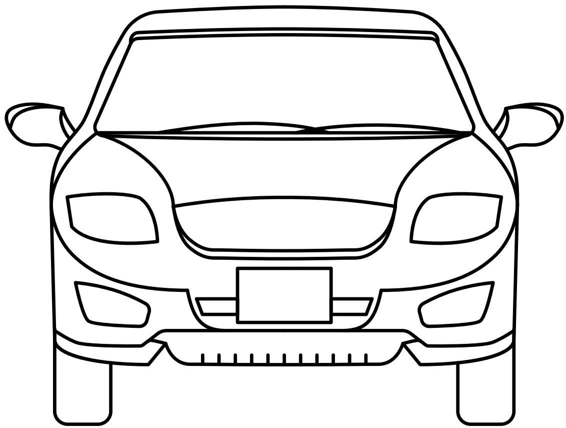
DETAILS OF LOSS

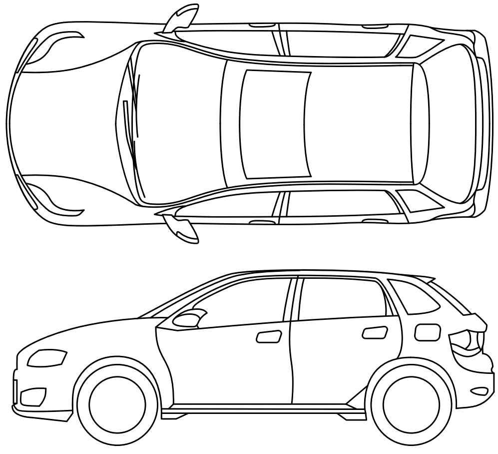
DATE OF LOSS: CAUSE OF DAMAGE:

PIECE OF GLASS DAMAGED: REPAIRABLE YES/NO:

IF REPLACEMENT IS REQUIRED, PART NUMBER TO BE USED:

MARK BELOW WHERE THE DAMAGE IS AND ANY OTHER RELEVANT DETAILS ABOUT THE LOSS:





PREFERRED SERVICE CENTRE INFORMATION

SHOP NAME: ADDRESS:

PHONE NUMBER: DATE OF INSPECTION:

INSPECTOR'S FULL NAME: SIGNATURE: