



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

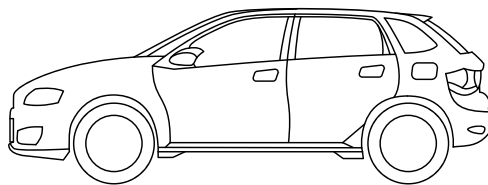
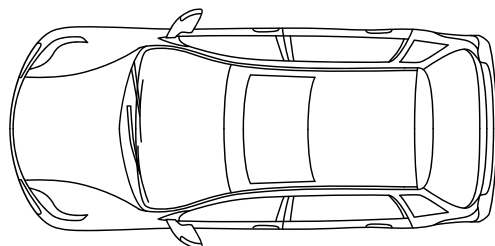
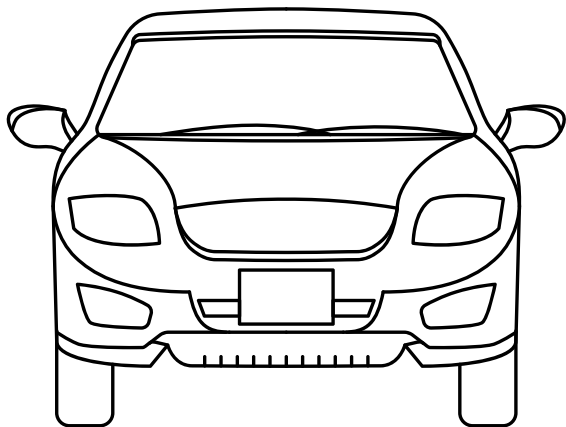
POLICY NUMBER:	
EFFECTIVE DATE:	EXPIRY DATE:

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:	



AMI PREFERRED SERVICE CENTRE INFORMATION

SHOP NAME:	ADDRESS:
PHONE NUMBER:	DATE OF INSPECTION:
INSPECTOR'S FULL NAME:	SIGNATURE: