



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: \_\_\_\_\_

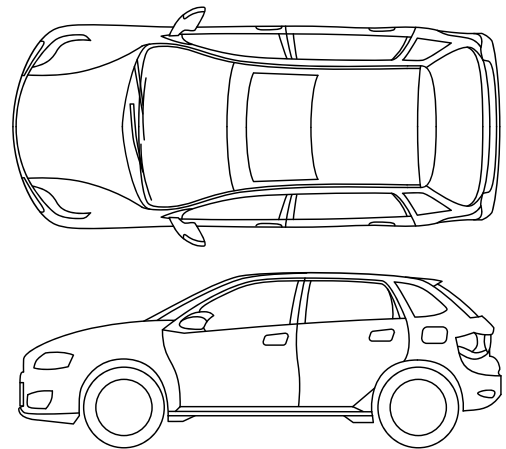
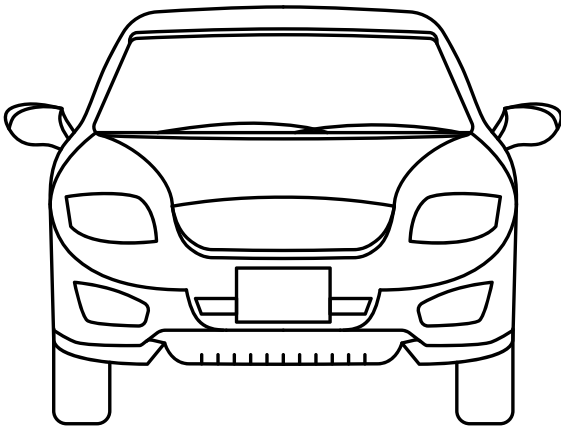
**DETAILS OF LOSS**

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: \_\_\_\_\_