## 3/93

## VEHICLE GLASS REPAIR/REPLACEMENT LOSS NOTICE

AGENCY'S NAME					COMPLETE IF DIFFERENT FROM AGENCY NAME VEHICLE OWNER'S NAME		
ADDRESS							
				ADDRESS			
CONTACT PER	SON'S NAME		PHONE NUMBER				
DATE OF BREAKAGE			DATE REPORTED	WORK PHONE		HOME PHONE	
REPORTED TO					=		
			THOME NOMBER		-		
LOCATION COI	DE	CHECK ONE State Vehic	le 🛛 Other				
				INFORMATION			
YEAR	MAKE	MODEL	BODY STYLE	LIC./EQUIPMENT NO.	VIN		
	AGE OCCUR	YES NO	MOTOR VEHICLE A		GLASS DAN REPLACEM		
DESCRIBE HO	W BREAKAGE OCC	URRED					
DAMAGED AREA INSPECTED BY				PHONE NUMBER	HONE NUMBER DATE		
IF WINDS	SHIELD, CIF	RCLE TYPE OF I	DAMAGE AND INDIC		N DIAGRAM.		
1. STAR	BREAK	*					
2. BULL'	SEYE (						
3. HALFI	MOON		/				
4. CRACKED			(			NON-CRITICAL	
5. PITTE	ED <			ACUTE			
6. SHATTERED				DRIVER	DRIVER		
COMMENTS							
SIGNATURE O	F AGENCY REPRES	SENTATIVE				DATE	