

BROKEN GLASS CLAIM FORM

This is a standard Insurance claim form. To enable prompt processing of your claims please ensure all questions are answered correctly and forwarded to:

South Adelaide Glass and Glazing,
PO Box 198, Morphett Vale 5162

Please forward this form to South Adelaide Glass within 2 working days of the repairs being carried out.

INSURANCE COMPANY/BROKER : _____

BRANCH ADDRESS : _____

POLICY NUMBER: _____ EXPIRY DATE: _____

POLICY EXCESS AMOUNT: \$ _____ (Excess payable to South Adelaide Glass)

HAS EXCESS BEEN PAID? YES / NO / NO EXCESS

NAME OF INSURED: _____

ADDRESS: _____

TELEPHONE NUMBER HOME: _____ WORK: _____

DATE OF BREAKAGE: _____ TIME OF BREAKAGE: _____

NAME AND ADDRESS OF PERSON WHO CAUSED BREAKAGE: _____

TYPE OF GLASS (i.e.) 6mm Clear etc.: _____

APPROX. SIZE OF GLASS (i.e. 620mm * 490mm) _____

WHERE GLASS WAS POSITIONED (Door window etc.) _____

BRIEF DESCRIPTION OF HOW GLASS WAS BROKEN: _____

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

SIGNATURE: _____ DATED: _____



To the Insurer: Please take note that you have received a substantial discount for using South Adelaide Glass. If you refer your future clients to us and they mention that you have done so you could receive as much as **30% off normal retail prices!!!** If the claims manager wishes to organize a standing discount arrangement for your firm please contact Jarret Fox on 0411 864 827 or 8326 5116.

WHO YA GONNA CALL ?