

Joondalup Windscreens

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Joondalup
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DA 2073
3/93

VEHICLE GLASS REPAIR/REPLACEMENT LOSS NOTICE

INSURANCE COMPANY		COMPLETE IF DIFFERENT FROM AGENCY NAME VEHICLE OWNER'S NAME	
ADDRESS		ADDRESS	
POLICY NO:	PHONE NUMBER		
DATE OF BREAKAGE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE REPORTED	WORK PHONE
REPORTED TO	PHONE NUMBER	HOME PHONE	
LOCATION CODE	CHECK ONE <input type="checkbox"/> State Vehicle <input type="checkbox"/> Other	LOCATION OF VEHICLE	

VEHICLE INFORMATION

YEAR	MAKE	MODEL	BODY STYLE	LIC./EQUIPMENT NO.	VIN
DID BREAKAGE OCCUR DUE TO AN ACCIDENT		<input type="checkbox"/> YES <input type="checkbox"/> NO	MOTOR VEHICLE ACCIDENT REPORT ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GLASS DAMAGED <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> REPAIR

DESCRIBE HOW BREAKAGE OCCURRED

DAMAGED AREA INSPECTED BY	PHONE NUMBER	DATE
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IF WINDSHIELD, CIRCLE TYPE OF DAMAGE AND INDICATE LOCATION ON DIAGRAM.

- 1. STAR BREAK *
- 2. BULL'S EYE ●
- 3. HALFMOON ◐
- 4. CRACKED ⚡
- 5. PITTED
- 6. SHATTERED



COMMENTS

SIGNATURE OF AGENCY REPRESENTATIVE	DATE
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