



ASAP GLASS P/L

VICTORIA

ABN: 93 142 871 207

1300 734 584

24 HOURS / 7 DAYS

All correspondence: P.O. Box 1007 NERANG QLD 4211

Fax number: 03 9546 0777

GLASS INSURANCE CLAIM FORM

CUSTOMER NAME

TRADING AS

ADDRESS POST CODE

BUSINESS PH. NUMBER: A/H PH. NUMBER

FAX NUMBER: MOBILE

INSURANCE COMPANY PHONE

INSURANCE BROKER PHONE

POLICY NO CLAIM NO EXCESS

Please supply us with the following details if they apply!

Date of Breakage

Address where breakage occurred

Cause of breakage

Person responsible for breakage

Details of broken glass eg: door/window

Has the event been reported to the Police Yes/No
 Station Officer Report No.

Are you GST registered Yes/No, ABN

Input tax credits %

We declare that the information provided above is true and correct in every aspect. I/We further acknowledge that if for any reason the insurance company mentioned above denies liability for payment, I/We will immediately forward my/our cheque in full settlement to ASAP Glass Pty. Ltd. All Glass and materials remain the property of ASAP Glass Pty. Ltd. until paid in full. I hereby authorize invoice to be sent to my insurance company directly.

Please Note: The invoice will be direct billed to the client if unable to be processed with insurance within 30days.

Customer's Signature Print Name

Tradesman Date

**Please pay: A.S.A.P. Glass P/L
 P.O. Box 1007
 Nerang 4211**