



ALBURY GLASS

393 Townsend Street. ALBURY, NSW, 2640 Telephone: (02) 6021 5944 Facsimile: (02) 6041 2147 Email: alburyglass@bigpond.com
Exvon Pty. Ltd., ABN 35 054 370 357

GLASS INSURANCE - CLAIM FORM

Insurance Company:

Insurance Co. Postal Address:

Insurance Co. Contact name: Contact No:

Claim No: Excess:

Policy No: Expiry Date:

Insured: (Surname or Company)

Given Names of Insured:

Address:

Business Phone: Private Phone:

Fax Number: Email:

Date of Breakage:

Cause of Breakage:

Address where breakage occurred:

Was another person responsible for the damage? Yes No

If YES, name and address of person:

Name and address of any witness:

Have the Police been notified?

Police Station: Police Report No:

Are you registered for GST? Yes No A.B.N. No.

If you are registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes No

is the amount claimed less than 100%? Yes No Specify %

Particulars of broken Glass - Glass and size

Position and Frame details

I Declare that all the information I have given is True and Correct

Signature: Date:

The account is attached - Please pay direct to:

Albury Glass
P.O. Box 124, Albury NSW 2640

24 HOUR EMERGENCY SERVICE

■ Glazing Contractors ■ Mirrors ■ Aluminium Fabrication ■ Insurance Work ■ Glass Replacement