GLASS INSURANCE CLAIM FORM / JOB SHEET

FIELDS GLASS AND GLAZING & FIELDS GLASS AND GLAZING NETWORK AUSTRALIA

24 Hour Glass Replacement

9680 1900

18 Hunter Place Castle Hill NSW 2154
Sales: 02 9680 1900
Accounts: 02 9899 6663
Fax: 02 9899 6664

Website: www.fieldsglassandglazing.net.au
Email: glass@fieldsglassandglazing.net.au
ABN 35 145 102 432
Lic. No. 155408C

Insurance Company / Direct Bill: ______________________________

Claim No: ____________ Policy No: ____________ Excess: ____________

Customer Name: ______________________________ Phone B/H: ____________

______________________________ Phone A/H: ____________

Address: ______________________________ Mobile: ____________

____________ Postcode: ____________ Fax: ____________

Credit Card Name ______________________________

Credit Card Number ______ / ______ / ______ / ______ Expiry Date ____ / ____ / ____

Receipt No: ______________________________ Process Date ____ / ____ / ____

Date of Breakage: ______________________________ Time: ____________ am - pm

Cause of Breakage ______________________________

Name & Address of witness if any: ______________________________

____

Have the Police been notified: ____________ ☐ Yes ☐ No Time: ______ am - pm

Name of Officer Attending: ____________ Station: ____________

Do you require an emergency shutter service: ____________ ☐ Yes ☐ No

Glass Type: ______________________________

Window: ______________________________ Door: ____________

____

Internal Fixtures: ______________________________

____

I/We declare that the information above is true and correct to the best of my/our knowledge.

I/We authorise work to be carried out by FIELDS GLASS / FIELDS GLASS NETWORK AUSTRALIA and if for any reason the insurer declines my/our claim, I shall be responsible for payment within 21 days of breakage.

I hereby authorise my Insurance Company to pay FIELDS GLASS / FIELDS GLASS NETWORK AUSTRALIA.

Surcharge fees applies to all credit card transactions at current

Signed: ______________________________

Name (Please print): ______________________________

Date: ______________________________

Witness: ______________________________