



# ASAP GLASS P/L

ABN:46 104 225 069

**1300 734 584**  
**24 HOURS / 7 DAYS**

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

Fax number: 07 55 22 9044

## 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**