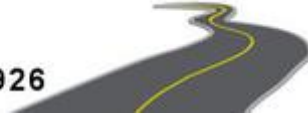


AUTO GLASS INSURANCE CLAIMS

OFFICIAL PORTAL

Fast & Easy

Questions? CALL 1-800-232-7926



FAX TO 412-781-3622

Policyholder's First Name: _____
Policyholder's Last Name: _____
Phone Number: _____
Email (Optional): _____
Street Address: _____
City: _____
State: _____
Zip: _____
Auto Insurance Company: _____
Auto Insurance Policy Number: _____
Date of Loss (or Approximate): _____
Vehicle Year: _____
Vehicle Make: _____
Vehicle Model: _____
Body Style: _____

Which Piece of Auto Glass Is Damaged? (Check All That Apply)

- Front Windshield
- Driver-Side Front Window
- Passenger-Side Front Window
- Vent Window
- Rear Windshield
- Driver-Side Rear Window
- Passenger-Side Rear Window
- Other

Special Instructions: _____

Insurance Agent Referral Information

Insurance Agency: _____
Agent Name: _____
Agent Phone: _____
Agent Email: _____