

# WINDSHIELD CLAIM REPORT

Claimant Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Your Vehicle Year, Make, Model \_\_\_\_\_

Date and Time of Incident \_\_\_\_\_

Location of Incident and Mile Marker # \_\_\_\_\_

Description of Incident (please include our vehicle unit number, license plate number and description of vehicle) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses and Passengers (please include contact information) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

**Please attach copies of three estimates for repair**