



EXPRESSGLASS

insurance claim form - glass

Return to Express Glass
Facsimile: 1300 666 235
Or post to: PO Box 218, Rosebery NSW 1445

Name: _____

Phone Number: _____

Insurance Company / Broker: _____

Policy Holder: _____

Policy Details:

Policy No: _____

Expiry Date: _____ / _____ / _____

Excess: \$ _____

Claim Details:

Site Address: _____

Date of Breakage: _____

Cause of Breakage: _____

Signature: _____ Date: _____ / _____ / _____

Express Glass
ABN 13 074 588 328

102 Dalmeny Avenue Rosebery NSW 2018 | PO Box 218 Rosebery NSW 1445

Telephone 1300 666 234 | Facsimile 1300 666 235
service@expressglass.com.au | www.expressglass.com.au