



GLASS BREAKAGE REPORT

NATIONWIDE: 1-800-320-5358

www.cascadeautoglass.com

Replacement C/S Labor Only Delivery Only Repair(s) # _____ | Job Date _____

CUSTOMER INFORMATION

PO # _____ VIN _____

Name _____ Ins. Co. _____

Policy # _____ Claim # _____ Loss Date _____ Ded. Amt. _____

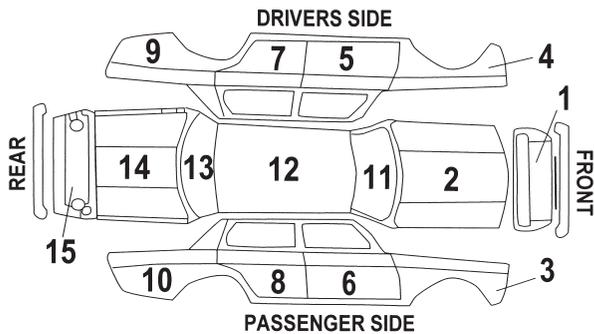
Year _____ Make _____ Model _____ Body Style _____

FLEET INFORMATION

PO # _____ Mileage _____ Unit/Veh. # _____

RO # _____ Lic. Plate # _____ Fleet Charge \$ _____

PRE-WORK INSPECTION



- 1) Front Bumper
- 2) Hood
- 3) Right Fender
- 4) Left Fender
- 5) Left Front Door
- 6) Right Front Door
- 7) Left Rear Door
- 8) Right Rear Door
- 9) Left Quarter Panel
- 10) Right Quarter Panel
- 11) Windshield
- 12) Roof
- 13) Back Window
- 14) Trunk Lid
- 15) Rear Bumper

Description of Damage: _____

Customer Initial: _____

PARTS USED

Urethane Type: Quick-Cure Other Lot #: _____ # of Tubes: _____

Activator: _____ Temperature: _____

Glass Part(s) #: _____

Moulding/Clip Part(s) #: _____ Other: _____

ASSIGNMENT OF PROCEEDS AND AUTHORIZATION TO PAY:

Replacement or repair of the glass in my automobile has been done to my satisfaction. I have insisted that, where possible, Cascade Auto Glass use parts and materials from original equipment manufacturers in the replacement of my automobile glass. I authorize my insurance company to release policy, coverage and other information to Cascade Auto Glass. I hereby authorize and direct my insurance company to pay this invoice directly to Cascade Auto Glass, Inc. and I assign any and all claims in connection with this automobile glass installation or repair against my insurance company and all policy proceeds due for this installation or repair to Cascade Auto Glass. I agree that if my insurer should ignore this directive to pay and the assignment of the policy proceeds and issue payment to me that I will immediately forward payment to Cascade Auto Glass by either endorsing the check that I receive over to Cascade Auto Glass or paying Cascade Auto Glass an amount equal to what I receive. If I do not have insurance coverage, I agree to pay for the work myself.

Customer Signature: _____ Date: _____

Technician Signature: _____ Emp. # _____ Date: _____

WHITE - INSURANCE

CANARY - SHOP

PINK - CUSTOMER