

Let Ace Glass make it easier for you to facilitate your auto glass claim. Simply fill out this information form and fax it to us at 804.897.3395.

Phone: 804.379.3368 | Fax : 804.897.3395 | <u>AceGlassVA.com</u>

Insurance Claim Submission Form for Agents

| Name of Insured | |
|-------------------------|--|
| Insured's Phone # | |
| Insured's Cell Phone # | |
| Insured's Email Address | |
| Insured's Address | |
| Insurance Information | |
| Insurance Company | |
| Agent Name | |
| Agent Phone | |
| Policy # | |
| Deductible Amount | |
| Date of Loss | |
| Vehicle Information | |
| Year | |
| Make | |
| Model | |
| VIN# | |
| Which Glass is Broken? | |
| Submitter Information | |
| Submitted By | |
| Phone Number By | |
| Email Address | |