

# Jeff's Auto Glass Claim Form

**Fax: 1-800-660-6795**

Full Name

Email Address

Primary Phone

Secondary Phone

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Street Address

Address Line 2

City

State

Zip Code

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Insurance Name

Agent Name

Agent Referral

Policy Number

Deductible Amount

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Vehicle Make

Vehicle Model

Vehicle Year

Number of Doors

Glass Type (location of damage)

Installation Address