Glass in paradise ABN: 90 956 590 309

31 BAILEY CRES SOUTHPORT 4015: Ph: 1300 917477 Email: info@glassinparadise.com.au

SITE WORKS ORDER/CLAIM FORM/QUOTATION REQUEST **Invoice No:.....**

INSURANCE COMPANY.....BRANCH.....EXCESS PAYABLE $.....

Policy Number..... Due Date.....

Order No (Where Applicable)..... Claim No.....

Name of Insured.....Party to be invoiced.....

Address.....

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Telephone.....Moblie.....Work.....

State the address where the breakage occurred	
Date of breakage	
Who discovered breakage	Date / / Name Time
Have you reported this breakage to a Police Station Yes/No	Date / / Name of Police Station Time
State briefly how this breakage occurred	
Name and address of person responsible (not required if broken by insured or Member of Family or Staff)	
If Building leased are you responsible for glass breakages in your lease	Yes/No
I f your policy does not cover both Building and contents, state name of insurance company covering	1. Building..... 2. Contents.....

WORK PARTICLARS

Quantity	Description	Value

I/We hereby acknowledge that the glass/materials and/or labour in request of the works to be undertaken has been authorised by myself and carried out to my specific instructions. The work to be carried out will be the subject with the above named insurance company. I/We acknowledge that I/We will at all times be personally responsible for the full and final satisfaction of all due's owed to Glass In Paradise in relation to the works carried out by them. I further acknowledge that if for any reason the insurance company above mentioned denies liability of payment, I/We will immediately forward payments in full for settlement to Glass In Paradise within 3 working days. I understand that by signing this document I indicate that the work has been completed to my full satisfaction and I agree materials supplied by Glass In Paradise were delivered in good working order. I declare the foregoing particulars to be true and correct.

Date:.....PRINT NAME.....SIGNATURE.....