

NDIRF NORTH DAKOTA INSURANCE RESERVE FUND

GLASS ONLY REPORT

Named Member: _____ Policy # _____ Date: ____/____/____

Member Contact Person: _____ Title: _____

Email Address: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Contact for the claim? Yes No If no, Contact Name: _____ Phone: (____) _____

Agency: _____ Agency Contact Person/Title: _____

Email Address: _____ Phone: (____) _____

Date of Incident: ____/____/____

MEMBER VEHICLE: Unit # _____ Year: _____ Make: _____ Model: _____

Last 5 digits of VIN: _____ Describe Damage: _____

Driver Name: _____ Phone: (____) _____

Has the unit been taken to a shop? Yes No

If yes, Shop Name: _____ Phone: (____) _____

****Please email this report to your agent with any other supporting documentation.****