

Glass Claim Number:		Date of Loss:		Deductible Responsibility:	
Vehicle Year:	Make:	Model:		Mileage:	

Invoice

Service	Count
<input type="checkbox"/> Repair – Chip	
<input type="checkbox"/> Repair – Crack	
<input type="checkbox"/> Replacement – Windshield	
<input type="checkbox"/> Replacement – Side Glass	
<input type="checkbox"/> Replacement – Back Window	
<input type="checkbox"/> Other:	

Shop Reference Number:	
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Calibration required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Calibration completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If required and not completed, explain:

Customer Declaration

The vehicle identified on this form appears to have been repaired satisfactorily. I hereby authorize Manitoba Public Insurance to pay on my behalf to the repair agency indicated in the Certification of Repair below. Furthermore, I make the following declarations:

1. I am aware of the conditions applicable to the vehicle insurance use stated in my policy, and I confirm that the use made of the insured vehicle is primarily the use for which it is insured.
2. I have complied with the requirements of *The Drivers and Vehicles Act* and *The Manitoba Public Insurance Corporation Act*, and the *Regulations* to each, with respect to this claim, and with respect to reporting changes in name or address of registered owner, vehicle description, and use of the insured vehicle.
3. I confirm that all the information provided by me in connection with this claim is true and complete. I understand that a misrepresentation of any of the facts or declarations made by me in connection with the registration of the insured vehicle, or in connection with this claim, may render my insurance coverage null and void.
4. I make these declarations for the express purpose of inducing Manitoba Public Insurance to pay the within claim. I am aware that payment of this claim by Manitoba Public Insurance does not obligate it to pay any future claims arising under this policy.
5. I have consented to my personal information being stored in a Canadian database facility operated by Mitchell International. I understand that my personal information stored in the database may be accessed by Manitoba Public Insurance and by the repair firm indicated on this form.

_____	_____
Customer Signature	Date

Certification of Repair

Shop:	Registered Account Number:
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I, _____ (name), hereby certify that all parts have been supplied and services rendered as outlined on this certification of repair.

_____	_____
Shop Signature	Date