



## Glass Insurance Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Full Name   
 Email

Address

Bus Phone  Private Phone  Fax No.

Occupation/Bus/Industry/Trade

Name any other interested party  How interested

Address

Policy Number  Due Date

Is there any other Insurance in force which would cover this in whole or part  
 If Yes, please advise in the space provided. Yes  No

Insurer's Name

Policy Details

What is your Australian Business Number (ABN)?  -  -  -   
 Yes  No

Are you registered for GST?

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?

### Details of Loss Damage Or Occurrence

Date of Loss / Damage / or Occurrence

Time

When was it reported to you (if applicable)?

Time

Place and/or premises where it occurred

Please state full details of how loss/damage/or accident occurred

.....

Please describe nature of damage or injury

.....

Size and description of glass broken

.....

Provide details of any additional benefit claimed

.....

.....

Is sign writing to be claimed?

Yes

No

### Responsibility/Witnesses

In your opinion was any other person(s) responsible for loss or damage or cause of the Occurrence? If YES, please give full details.

Yes

No

Full Name

Addresses

.....

Bus Phone  Private Phone  Fax No.

**Reasons**

.....

Was there a witness or witnesses to this event?  
If YES, please give full details.

Yes  No

.....

Name of Witnesses

Witnesses' Address

Bus Phone  Private Phone  Fax No.

**Description of property loss or damage**

Description	Sum Claimed \$	To assist in assessing the loss the following information is requested				
		Date of Purchase	From whom purchased	Purchase Price \$	Replace Value \$	*Input Tax Credit %
Total amount claimed	<input type="text"/>	*Please show the Input Tax Credit you are entitled to claim on the purchase of each item as a percentage of the total GST payable.				

**Insurance History**

Have you ever previously sustained loss/damage or caused damage or injury to 3<sup>rd</sup> parties  
If YES, give details of such losses and amounts involved.

Yes  No

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Was an Insurance Company involved?

Yes

No

If YES, please state name of company and year of claim.

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Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years? If YES, please provide details.

Yes

No

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### EFT DETAILS

In the event the claim is successful and the Insurer can settle via ETF please provide the below details

Account name	
BSB	
Account number	

### Privacy

The Privacy Act 1988 requires us to tell you that we as broke and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

### Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

### Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have

not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/We have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_