

## Glass Claim Form

### Insured Details

Policy Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Are you registered for GST? Yes  No  If yes, what is your ABN? \_\_\_\_\_

Have you claimed or do you intend to claim an input tax credit on the GST component of the policy premium?

Yes  No  If yes, will you be claiming an amount less than 100%?

Yes  No  If yes, specify amount claimed: \_\_\_\_\_%

Are you entitled to claim any input tax credit for repairs to the damage?

Yes  No  If yes, will you be claiming an amount less than 100%?

Yes  No  If yes, specify amount claimed: \_\_\_\_\_%

### Incident Details

Address of where incident occurred: \_\_\_\_\_

Date and time: \_\_\_\_\_

Incident description: \_\_\_\_\_  
\_\_\_\_\_

### Police

Have the Police been notified of the incident? Yes  No  If yes, please provide details below

Police Station: \_\_\_\_\_ Reporting Officer: \_\_\_\_\_

Police Report Number: \_\_\_\_\_ Date Reported: \_\_\_\_\_

## Third Party Details

Do you know who was responsible for the damage? Yes  No  If yes, please provide details below

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Witnesses

Were there any witnesses to the event? Yes  No  If yes, please provide details below

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Lease

If the building is leased, are you responsible for glass in the terms of the lease? Yes  No

## Insured History

Have you had any insurance declined or cancelled or special conditions imposed in the last 5 years?

Yes  No  If yes, please provide details: \_\_\_\_\_

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence?

Yes  No  If yes, please provide details: \_\_\_\_\_

Have you ever suffered a loss or made a claim on a property related insurance policy in the last 5 years?

Yes  No  If yes, please provide details: \_\_\_\_\_

**Privacy:** We are committed to protecting your privacy in accordance with the Privacy Act 1998. Our Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. A copy of our Privacy Policy can be obtained from any of our offices. **Declaration:** I/we certify that the above information and answers are true and complete. I/we understand that the claim may be refused or reduced if information is withheld.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_