

Glass Claim Form

MBJ Insurance Solutions | Authorised Representative No. 331416. Authorised Representative of Ausure Pty Ltd t/as Ausure Insurance Brokers ACN 096 971 854 | Licence No. 238433

Policy Information				
Name of policy holder		Policy Numb	er	
Address details		-		
Occupation				
What is your ABN?				
Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?			Yes No	
Is this amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?			Yes No	
Specify the percentage amount claimed or intended t	to be claimed	d		%
Loss and Damage				
Date and time of loss or damage	Date _	//	Time	am/pm
Location of loss or damage				
Are you the only occupier of your premises?				Yes No
If no, give detail of other occupants				
For what purpose where the premises occupied whe	n the damag	ge occurred?		
Who discovered the loss or damage?				
Date and time loss or damage was discovered	Date _	//	Time	am/pm
Were there any witnesses to the loss or damage?				Yes No
Name, address and contact details of first witness _				
Name, address and contact details of second witness				
Were the premises broken into?				Yes No
When were the premises last occupied?	Date _	//		am/pm
Were the premises securely locked?				Yes No
How was entry gained?				
Have steps been taken to improve security of the pre-	mises?			Yes No

Loss and Damage (cont'd)	
Details of security upgrade	
Indicate type of glass damaged (e.g. Window, door, shelf, showcase etc)	
Was any Glass previously cracked or defective?	Yes No
Size of glass damaged metres by metres	
Please describe fully the cause of the damage?	
Has any repairer been asked to carry out repairs?	Yes No C
If Yes then please supply the damage and address of firm and tax invoice (if received)	
If the damage was caused maliciously, has the incident been reported to the police?	Yes No
Name of police station that incident was reported to	
Date reported/ Police office report number Name of police officer	
Do you suspect anyone of causing this breakage?	Yes No
If Yes please supply details of the responsible party	163 [] 140 [
Was there any signwriting on the damaged glass?	Yes No
If Yes please describe	
	V
Have any steps been taken for the recovery of the cost of replacement? If Yes please provide details	Yes 💹 No 🔼

mments
eclaration
eclare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld relevant information.
onsent to MBJ Insurance Solutions using my personal information I have provided on this form for the purposes of cessing my claim. I understand that if I choose not to provide the required details, this is my choice, however, the insurer y not be able to process my claim.
onsent to the insurer disclosing my personal information to other insurers, an insurance reference service or required by law. I consent to the insurer also disclosing my personal information to and/or collecting additional ormation about me, from investigators or legal advisors
nature of insured or person with authority to sign for and on behalf of a company or partnership.
natureDate//

