



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 Number _____

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 to be claimed _____%

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 were the premises occupied when the damage 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 premises? 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

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

Was there any signwriting on the damaged glass? Yes No

If Yes please describe

Have any steps been taken for the recovery of the cost of replacement? Yes No

If Yes please provide details

