

# Property Claim Form Glass Insurance

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

## Your Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy.

We collect, use, process and store personal information and, in some cases, sensitive information about you and your company to assist us manage your claim. Your insurer will be provided with this information in order to assess your claim. By providing this information to us, and your insurer, you consent to our, and your insurers, use of this information. This includes us, and your insurers, disclosing your information, where relevant, to affiliates of your insurers, other insurers and reinsurers and any service providers (including loss adjusters, surveyors, lawyers, accountants and investigators), insurance reference bureaus, and any business partners as required by law within Australia or overseas. You understand that any personal and sensitive information disclosed to organizations located overseas may not be protected in the same way as it is in Australia.

Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above. If you do not provide the requested information or consent to its collection and disclosure as described above, we may not be able to effectively manage your claim and your insurers may not be able to adequately assess your claim, or your claim may be delayed or your insurers may not accept your claim.

Your insurers may also obtain information from government offices and third parties to assess the claim in the event of loss or damage. Information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is contained within our Privacy Policy. Please refer to our website for further information.

## Contact us

You can contact our Privacy Officer using the details below:

**Privacy Officer** Suite 21 Level 2 8 Hill Street  
Surry Hills NSW 2010  
PO Box 103  
Darlinghurst NSW 1300

**Phone** 02 9328 3322  
**Facsimile** 02 9328 3323  
team@logicalinsurance.com.au

Claim Number 

## Section 1. Details of the Policyholder

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

Name of insured Address  Post Code Email Address  Mobile Work Phone  Home Phone  Fax Number Policy Number  Expiry Date What is your Australian Business Number (ABN)? Are you registered for GST? Yes  No To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?  %Your Occupation/Bus/Industry/Trade Name any other interested party  How interested Address  Post code

## Section 2. Details of Loss/Damage

Location of loss/damage?  Date/Time

When was the loss/damage reported to you? Date  Time

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

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Please describe nature of damage or injury

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Size and description of glass broken

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Provide details of any additional benefit claimed

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Is sign writing to be claimed? Yes  No

## Section 3. 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

Address

Bus Phone  Private Phone  Fax No.

Reasons

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Was there a witness or witnesses to this event?

Yes  No

If **YES**, please give details

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.....

Name of witnesses

Address

Bus Phone

Private Phone

Fax No.

### Section 4. 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		* 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				

## Section 5. Insurance history

Have you ever previously sustained loss/damage or caused damage or injury to 3<sup>rd</sup> parties?

Yes  No

If **YES**, please give details of such losses and amounts involved

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Was an insurance company involved?

Yes  No

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

Have you been convicted or had any fines or penalties imposed for any criminal offences in the last 10 years?

Yes  No

IF **YES**, please provide details

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## Declaration and Authorisation (must be completed)

I/We declare that the above statements are true, correct and complete in every detail and that I/we have not suppressed or mis-stated any facts. I/We understand the claim may be refused if information is not true or is withheld.

I/We authorize insurers to give and to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We expressly agree that the information given by me/us is provided with my full knowledge and consent and further agree to hold harmless and indemnify Logical Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this claims form headed "Your Privacy".

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

Signature of the insured: \_\_\_\_\_