



 **1300 697 482**
St. George Underwriting Agency

GLASS DAMAGE CLAIM FORM

PRIVACY NOTICE

We are bound by the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth) and comply with the Privacy Act 1988 (Cth).

We are committed to ensuring that all Our Business dealings comply with the APPs and acknowledge the importance of keeping personal details for individuals confidential and secure.

We collect personal information for the purpose of providing insurance, including arranging insurance, policy administration and claims handling. Without this information, we are not able to provide you with the services You require.

If you would like a copy of our privacy policy, would like to seek access to or correct your personal information, or opt out of receiving materials We send, please contact us.

ENTER DETAILS OF INSURED PROPERTY

SECTION A - OWNER/S

Policy Number:

Expiry Date:

INSURED DETAILS

Name:

Email:

Contact Number:

PAYMENT INSTRUCTIONS

Payment option

Bank Cheque

ADDRESS OF PREMISES WHERE LOSS OR DAMAGE OCCURRED

House/Street Number:

Suburb, State, Postcode:

STRATA BUILDING DETAILS:

Is this a Strata Building?

No Yes (If yes, please complete questions below.)

Who is your Strata Insurer

Have you submitted a claim through your Strata Insurer?

No Yes

ENTER DETAILS OF LOSS OR DAMAGE

CLAIM DETAILS

Date of Incident :

Time of Incident:

Type of Glass

Approximate size of damaged glass (width x length)

Please state clearly how the breakage occurred

Has the damaged glass been replaced?

- Yes No

Total Amount of Claim

ITC AND DECLARATION

INPUT TAX CREDIT ENTITLEMENT

Is ITC applicable?

Yes No

INSURED DECLARATION

This form was completed by :

Name of person submitting the form:

I declare that:

- All statements and particulars stated on this form and all documents submitted are true and correct.
- I will give all reasonable assistance and co-operation to the insurers in the assessment of my claim.
- I have not withheld any material information connected with this claim that will inhibit the insurer's ability to make a fair and reasonable assessment of my claim.
- I understand that this claim may be refused if any information provided is false, or inaccurate or concealed.
- I acknowledge that my personal information may be disclosed to, and obtained from related entities, other insurers, investigators or other parties providing services to the Insurer.
- I assign to the insurer all rights of recovery/salvage against any person or organisation and will cooperate to secure such rights.

Yes. I agree