



75 North Lake Road  
P O Box 3016  
Myaree WA 6154  
08 9317 8400 tel  
08 9317 8499 fax  
admin@sgua.com.au

# Glass Claim Form

CLAIM No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**THE INSURED**

Full Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**DETAILS OF LOSS OR DAMAGE**

Date of Happening \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_ am/pm.

Place of Happening \_\_\_\_\_

Approx. size of glass damaged \_\_\_\_\_ Type of Glass \_\_\_\_\_

Where was the broken glass fitted in the premises? \_\_\_\_\_

Please give full details of how the breakage occurred \_\_\_\_\_

Name and Address of the person responsible for the breakage \_\_\_\_\_

Was the glass sound prior to the damage stated above? **YES / NO**

Were Police advised; if so, where and when? \_\_\_\_\_

Has replacement been attended to? **YES / NO** If 'Yes', please attach Repair Account.

**GST** (please complete this section. If you believe this does *not* apply to you, please write **n/a** for each answer)

My/Our input tax credit entitlement for GST on my/our premium is \_\_\_\_\_%.

My/Our ABN is: \_\_\_\_\_ Note: If you are a business and you do not provide us with your ABN, we may have to withhold tax on payments we make under your claim.

Please make payment directly to:-

*Please complete reverse side ...*

**OTHER INSURANCES**

Are there any other insurances in force which may cover this loss in whole or part. **YES / NO** - if 'yes'

Name of Insurer / Policy Details : \_\_\_\_\_

Do you directly, or through your real estate agent have any insurance which principally provides cover against damage or default by tenants ? **YES / NO** - if 'Yes'

Name of Insurer / Policy Details / Real Estate Agent : \_\_\_\_\_

The *Privacy Act* 1988 requires us to tell you that as an agent for an insurer we collect your personal and other information in order to calculate your loss entitlements; determine our liability; compile data; and handle claims.  
When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents etc. or as required by law.  
You have the right to seek access to your personal information and correct it at any time. To change information please contact us on (08) 9317 8400 WST 8.30am - 5.00pm, Mon-Fri and advise us of the changes. If you do not agree to the collection of your personal information then we will be unable to process your claim.  
Should you wish to obtain more information about Allianz's privacy policies, please contact us and ask for a copy of the brochure called '*National Privacy Principles*'

**DECLARATION:**

- \* I/We acknowledge that the answers and information on this form are true and correct.
- \* I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that St George Underwriting Agency, as agents for Allianz Australia Insurance Ltd will be able to process my/our claim.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Insured \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**The issue of this Form is not an admission of liability and is issued without prejudice.**