



GLASS CLAIM FORM

INSURER: Farmers' Mutual Insurance Limited
(ARBN 063 244 995) incorporated in New Zealand
Australian Financial Services – Licence No. 238275
Phone: 0260512611
Fax: 0260512635
Email: aust.claims@fmg.co.nz

Issuing Office:
FMG Insurance
PO Box 828
ALBURY NSW 2640

Warning: Failure to supply true or correct information may result in your claim being declined.

OFFICE USE ONLY

Claim No: Excess: Client No: Due Date:

TO ALLOW US TO SETTLE YOUR CLAIM AS QUICKLY AND EFFICIENTLY AS POSSIBLE:

1. Please fully complete the claim
2. Send the above to our office with a copy of the quote/account for repairs

PLEASE NOTE: We will repair, replace or reinstate the damage at our option

Thank you.

SECTION 1: DETAILS OF INSURED

1. Full Name:
2. Full Address:
.....
Telephone Nos: Business: Private:
Fax: Mobile:
Email:
3. Occupation:
4. Business Address:
5. Have any of the repairs been paid for? Yes / No If yes, please indicate on the account that payment has been made.

SECTION 2: GST DETAILS

1. Are you registered for GST Purposes?
No Yes → What is your ABN?
2. Have you claimed an input tax credit on the GST applicable to this policy?
No Yes → Is the amount claimed less than 100% No Yes → Specify the percentage
of the GST applicable to the premium amount claimed%
3. Are you entitled to claim an input tax credit for repairs or replacement of the vehicle/items?
No Yes → Is the amount claimed less than 100% No Yes → Specify the percentage
of the GST applicable to the premium amount claimed%

SECTION 3: DECLARATION OF LOSS

- 1. The precise place the damage took place at:
- 2. Date of damage: Time:
- 3. FULL details of what caused the damage:
.....
.....
.....
- 4. The building was/was not (delete one) locked at the time of the loss/damage. If not give reasons:
- 5. Were the premises Occupied or Unoccupied at the time of loss/damage?
- 6. If unoccupied, when was it last occupied?
If occupied, were the premises owner occupied? ; rented? ; occupied by family? leased by you?
- 7. **You must report any vandalism to the Police. We may need to apply to the police for a copy of this report.**
Were the police advised of the damage? Report No:
Which Police Station? Date:
- 8. The damaged property belonged to:
- 9. Is there any other party with an interest in the damaged property? Eg. Hire Purchase, Landlord.
If so, give details:
.....
- 10. Was there any other Insurance covering the property at the time of loss? If so, give details

SECTION 4: DETAILS GLASS

Please draw a diagram of the glass item in the box below. It is important to detail the damage on the relevant panels. (The size and shape of the cracks etc should be drawn to scale in comparison to the rest of the diagram)



- 1. Dimensions of glass:
.....
.....
.....

- 2. Glass type:

SECTION 5: THE PRIVACY ACT 1988

The Privacy Act 1988 requires us to tell you that we are collecting personal and other information so that:

- We can process your claim.
- We can calculate your loss.
- Determine our liability.
- Compile information for future product development.
- Handle your claim efficiently.

This may also mean that we are required to disclose your personal and other information to third parties such as other insurers, assessors, investigators, agents, or as required by law.

You have the right to have access to your personal information at anytime and to correct this information if required. This can be done by contacting us on (02) 6051 2611 during normal business hours.

SECTION 6: DECLARATION

I/We declare the foregoing particulars to be true and correct, and undertake to assist the Company/Association in dealing with the claim. Further, I understand that this claim is subject to the terms and conditions of the Policy.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to FMG Insurance releasing to the other parties information regarding this claim.

Signature of Insured: Date: