



Link Insurance Brokers

GLASS Damage

Policy Number:		Client Code:		Excess: \$	
THE INSURED					
Name			Home Ph		
Address			Work Ph		
			Mobile Ph		
Post Code			Fax		
Email Address					
Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is your ABN?			
Have you claimed or do you intend to claim an input tax credit on the GST component of the premium applicable to the Policy?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%			
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed %			
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%			
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed %			
THE PROPERTY					
Are you the owner of the damaged property? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please give details)					
THE PREMISES					
<i>Where did the loss or damage occur?</i>					
Address:					
			State		Post Code
INCIDENT DETAILS					
Date of Occurrence		Time		AM / PM	
What was broken?					
How did the damage or loss occur?					
Was another person responsible for the damage? No <input type="checkbox"/> Yes <input type="checkbox"/> - Give Details					
Was the break through the entire thickness of the material? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Has the break been repaired? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you paid the account? Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach repair quote &/or invoice					

POLICE DETAILS

Have the Police been notified? No Yes

Police Officer Telephone No.

Police Station Date Notified

Crime Report Number

DETAILS OF PREVIOUS LOSS OR DAMAGE

Have you or anyone living permanently with you suffered any loss, damage or liability to you or your property in the last 5 years? No Yes

Describe loss, damage or liability	Date	Amount
		\$
		\$
		\$

Have you made any claim on an insurer for any of the above-mentioned incidents? No Yes - Please give details below

Insurer	Date	Amount
		\$
		\$
		\$

DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail. I understand the claim may be refused or reduced if information is withheld.

Signature of Insured 1. Date

Signature of Insured 2. Date