

Affinity Insurance Brokers

Managed and administered by Affinity Risk Partners (Brokers) Pty Ltd
ABN 15 091 944 580 AFS License No. 241185
A Member of the National Insurance Brokers Association

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GLASS / CLAIM FORM

PLEASE READ THIS SECTION CAREFULLY BEFORE PROCEEDING

- All questions must be answered truthfully as failure to do so may affect acceptance of your claim.
- The issue and acceptance of this Claim Form is not an admission of liability.
- Please do not hesitate to contact us if you have any queries. We are here to assist you in any way we can.

THE INSURED

Policy No. _____ Expiry Date _____
Full Name: Mr/Mrs/Ms _____ Date Of Birth: _____
Address: _____ Postcode _____
Email address: _____
Home phone no. _____ Work phone no. _____
Occupation or Business _____
Tax Status – Registered Business Yes No ABN _____ Taxable _____%

THE LOSS

Situation of Premises: _____
Date of breakage: _____ Time: _____ am/pm
How did the breakage occur? _____
If breakage caused by third party, please supply name and address: _____

Names and addresses of witnesses: _____

Was the glass cracked before the accident? _____

DESCRIPTION OF GLASS BROKEN

Size mm mm	Situation (Door, window, partition etc.)	Type (Plate, sheet etc.)	Ornamentation (State details)	Cost of Repairs
x				
x				
x				

PLEASE ATTACH REPAIR INVOICE

DECLARATION:

I/We declare that the information and answers given to all the questions on this Claim Form are true and correct. I/We have not withheld any information likely to affect consideration of the claim.

Date ____/____/____

Insured's Signature _____