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## **CLAIM FORM**

### **Motor - Glass Claims**

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## CLAIM FORM – Motor - Glass Claims

This form is issued to enable the Insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Assetinsure.

### IMPORTANT NOTICE

**PLEASE CALL O'BRIEN GLASS 1800 633 721 FOR 24/7 EMERGENCY GLASS REPAIR/REPLACEMENT**

Please read the Claim Form fully before answering the questions.

Please answer all questions relating to your claim as fully as possible. **Use additional sheets** if there is insufficient space on this Form.

We may contact you for additional information, request a second quotation or appoint a loss adjuster or investigator.

#### **ACCIDENTS INVOLVING ANOTHER VEHICLE(S) – PLEASE NOTE**

**If anyone holds you responsible for their accident/injury, DO NOT admit liability. Insist their claim must be in writing.**

Please refer any third party involved in the accident to Assetinsure Pty Ltd if they contact you about a claim.

Please immediately forward any writ, summons demand letter or any correspondence received from a law firm to Assetinsure Pty Ltd

#### **DETAILS OF INSURED**

1. Insured's Full Name \_\_\_\_\_

Insured's Address \_\_\_\_\_

Occupation: \_\_\_\_\_

Policy Number (if known) \_\_\_\_\_

Policy Period: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### **PERSON TO BE CONTACTED**

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

2. Are you registered for GST? . . . . . Yes / No

What is your ABN? \_\_\_\_\_ --

Have you claimed, or are you entitled to claim, an ITC for the GST applicable to the policy premium? Yes/No

If Yes, Please specify your percentage entitlement. \_\_\_\_\_ %

Are you entitled to any input tax credit (ITC) if you repair or replace the property damaged? Yes/No?

If Yes, Please specify your percentage entitlement. \_\_\_\_\_ %





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### E. HISTORY

1. Have you had any losses or previously made a claim against any insurance company in the past 5 years? . . . . Yes / No  
If YES, please provide details of nature of loss, date of loss, insurer and value. \_\_\_\_\_
2. Have you had any insurance or renewal of insurance refused, cancelled, or had special conditions imposed?. . . Yes / No  
If YES, please provide details \_\_\_\_\_  
\_Have you been charged with, or convicted of, any criminal offence?. . .Yes / No  
If YES, please provide details. \_\_\_\_\_
3. Have you been charged with, or convicted of, any motoring offences (other than parking offenses) or been disqualified from driving in the past 5 years? Yes / No  
If YES, please provide details: \_\_\_\_\_

### F. DECLARATION

I, (Full Name) \_\_\_\_\_

Position \_\_\_\_\_

Of the Insured and on behalf of the Insured declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



## CLAIM FORM – Motor - Glass Claims

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### Complaints - Dispute Resolution

If you do not agree with any decision we make in relation to your claim or are dissatisfied with the handling of your claim or the services of our loss adjuster or investigator, please write to us stating the nature of your complaint and the reasons why. We will try to resolve the complaint immediately. If the complaint cannot be resolved Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

If you are not satisfied with the decision of the Internal Dispute Resolution Committee, the matter may be referred to an independent alternative dispute resolution body, the Financial Ombudsman Service (FOS), subject to eligibility.

### Financial Ombudsman Service

GPO Box 3  
Melbourne VIC 3001  
1300 78 08 08 (National Toll Free)  
Tel: (03) 9613 6300  
Fax: (03) 9613 6390

### Privacy Policy

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information. If you require any further information about our Privacy Policy, please refer to the detailed information on our website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: [info@assetinsure.com.au](mailto:info@assetinsure.com.au) or [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au) or at the address shown in this document.

### General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)