

PLATE GLASS CLAIM FORM

BROKER: _____ POLICY No: _____

IMPORTANT FACTS

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Co-Insurance

Section 1 - Specified Events contains a co-insurance clause. This means that we require you to insure for full value. If you do not do so and you are underinsured at the time of loss, we will pay less in the event of a claim. The amount we will pay is in the proportion that the sum insured bears to eighty (80%) per cent of the full value, subject to the specific conditions of the policy.

Underwriter

This policy is underwritten one hundred (100%) per cent by leading underwriters at Lloyd's of London. Lloyd's is an authorised insurer in Australia within the meaning of that term under the Insurance Act 1973.

Privacy

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim to only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please visit our website – www.ausuw.com.

YOUR DETAILS:

Full Name: _____ Ph: _____

Trading Name: _____ Your ABN: _____

Nature of your trade or business: _____

What percentage of GST on Premium has been applied as an Input Tax Credit? _____ %

YOUR PREMISES:

Are your premises: Owner Occupied Rented/Leased

If you are a tenant - are you liable for damage under the terms of your Lease/Tenancy Agreement? Yes No

DETAILS OF YOUR LOSS:

Date of Loss ____/____/____ Time (am/pm) _____ Who discovered the loss? _____

Address where damage occurred: _____
_____ Post Code: _____

How did the damage occur? _____

Have you taken any measures to prevent this type of loss occurring again? Yes No If 'Yes' please provide details

What is the approximate area of the damaged glass: _____ square metres

Was there any damage caused to sign writing or electric signage or alarm tapes? Yes No

Was there any need to provide temporary shuttering to the area to secure your property? Yes No

Has the damaged property been repaired? Yes No

NB: If 'Yes' (repaired) please attach all invoices to support your claim

PERSON(S) RESPONSIBLE FOR THE DAMAGE:

Was any person responsible for causing the damage? Yes No

Name: _____ Ph: _____

Address: _____ Post Code: _____

In your opinion why is that person responsible for the damage? _____

Which Police Station was the incident reported to? _____

When was it reported ____/____/____ Name of the Police Officer: _____

What is the Police reference number? _____

Has any arrest been made? Yes No

If 'Yes' give details: _____

DETAILS OF WITNESS(ES):

Were there any witnesses to the incident? Yes No

If 'Yes' please give details: _____

Full Name: _____ Ph: _____

Address: _____ Post Code: _____

YOUR CLAIMS HISTORY:

Has any person covered under this insurance policy ever sustained a loss during the past 5 years? Yes No

If 'Yes', please give full details including the name of the previous insurers.

Date	Details	Insurer	Amount of claim
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

DECLARATION:

I declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Date: ____/____/____ Signature of Insured: _____

Position held within company: _____

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