



**BREAKAGE OF GLASS/WINDSCREEN**

**CLAIM FORM**

*Failure to complete form may result in delay*

**HOW TO GET QUICK ACTION ON YOUR CLAIM**

You can help us to act quickly for you, if you:

- 1. Print your answers to questions.
- 2. Make sure that you give us ALL the details about your claim.
- 3. Send us a quotation for repairs.
- 4. Be ready to give any information and documents that we may ask for.

**1. POLICY HOLDER**

Policy No.: \_\_\_\_\_

Full Name of Policy Holder: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Are you registered for GST purposes?  No  Yes

Occupation \_\_\_\_\_ What is your ABN? \_\_\_\_\_

Have you claimed an input tax credit on GST against this policy?  No  Yes

Is the amount you claimed for input tax credit less than 100% of the GST applicable to the premium?  No  Yes

Specify % amount claimed \_\_\_\_\_

**2. DRIVER *N.B. Attach photocopy of Licence***

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Fax: \_\_\_\_\_

Licence No.: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Was the driver authorised to use the vehicle?  No  Yes

**3. VEHICLE**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_

Engine No.: \_\_\_\_\_ Reg. No.: \_\_\_\_\_ VIN. No.: \_\_\_\_\_

Has windscreen been repaired? If so by whom? \_\_\_\_\_

If not you may choose to call O'Brien on 13 16 16.

Has the vehicle been modified from original specifications?: \_\_\_\_\_

**4. INCIDENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Location – Street: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

**5. DESCRIPTION OF EVENT**

State fully and clearly how the breakage occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. DECLARATION AND SIGNATURE OF DRIVER**

I/We declare that the foregoing details are correct and not misrepresented in any way.

I/We hereby authorise you as my/our agent to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.

I/We hereby authorise MB Insurance Group Pty Limited or its agents to obtain or provide information or documents in relation to this claim from or to QBE or another insurance company or an insurance reference bureau or similar organisation.

Name and Signature of Driver: \_\_\_\_\_

Name and Signature of Policy Holder: \_\_\_\_\_ Date: \_\_\_\_\_

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**Privacy** - QBE and MB provide information about how we manage the privacy of personal information in the Product Disclosure Statement or on our websites [www.qbe.com](http://www.qbe.com), or [www.mbinsurance.com.au](http://www.mbinsurance.com.au), or you can contact either the Compliance Manager of QBE at [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com) or Compliance Manager at MB at [compliance@mbinsurance.com.au](mailto:compliance@mbinsurance.com.au).

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If a complaint arises during your dealings with us, you should first discuss the matter with the person with whom you have been dealing. Where your complaint is not resolved to your satisfaction you should request that the matter be dealt with by the QBE Insurance (Australia) Limited (QBE) Internal Complaints Handling Process.

Your Financial Services Provider or MB can assist you to lodge your complaint and take the details for you. You will be provided with a copy of QBE's brochure detailing the complaints handling process. Your complaint will be handled by a person with authority to resolve the matter. Your complaint should be dealt with within 15 business days unless QBE notify you of the reasons why it cannot be dealt with within that time.

If the complaint remains unresolved to your satisfaction, you may take your complaint to the Financial Ombudsman Service (FOS). FOS resolves certain insurance disputes between complainants and insurers and will provide an independent review at no cost to you. QBE are bound by the determination of FOS but the determination is not binding on you.

We will provide the contact telephone number and address of FOS to you upon request.

<b>Returning Address:</b>	The Claims Manager	<b>Registered Office:</b>	Level 3, 89 York Street
	MB Insurance Group Pty Limited	<b>Phone:</b>	Sydney NSW Australia 2000
	PO Box Q1233	<b>Fax:</b>	
	QVB Post Office NSW 1230	<b>Toll Free:</b>	1300 651 004

MB Insurance Group Pty Limited an Agent of QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239545