



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 Lloyd's or another insurance company or an insurance reference bureau or similar organisation.

Name and Signature of Driver: _____

Name and Signature of Policy Holder: _____ Date: _____

Privacy - MB provide information about how we manage the privacy of personal information in the Product Disclosure Statement or on our website www.mbinsurance.com.au, or you can contact our Compliance Manager at MB at compliance@mbinsurance.com.au.

If you have any concerns or wish to make a complaint in relation to this claim, please let us know and we will attempt to resolve your concerns in accordance with our

Internal Dispute Resolution procedure. Please contact us in the first instance:

MBIG Internal Dispute Resolution Officer

MB Insurance Group

Email: complaints@mbinsurance.com.au

Telephone: (02) 9966 9777

Post: PO Box Q 1233, QVB Post Office NSW 1230

We will acknowledge receipt of your complaint and do our utmost to resolve the complaint to your satisfaction within 10 business days.

Further information on MB's complaints and dispute resolution can be found on our website - www.mbinsurance.com.au

Returning Address: The Claims Manager

MB Insurance Group Pty Limited

PO Box Q1233

QVB Post Office NSW 1230

Phone: (02) 9966 9777

Fax: (02) 9928 5656

Toll Free: 1300 651 004

Registered Office: Level 12, 115 Pitt Street

Sydney NSW Australia 2000

MB Insurance Group Pty Limited an Agent of Certain Underwriters at Lloyd's