



MB INSURANCE GROUP PTY LIMITED

The new dimension in insurance

ABN 96 070 982 106 AFS LICENCE No. 243522

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. | 4. Be ready to give any information and documents that we may ask for. |
| 2. Make sure that you give us ALL the details about your claim. | 5. Forward any letter of demand or other correspondence that you may receive from any third party. |
| 3. Send us all quotations which you have received for repairs. | |

1. POLICY HOLDER

Full Name of Policy Holder: _____
 Postal Address: _____
 Are you registered for GST purposes? No Yes
 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?YES / NO

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 Windscreens O'Brien on 13 16 16.
 Has the vehicle been modified from original specifications?: _____
 Is the vehicle subject to any finance agreement?: _____ Odometer Reading (at time of accident): _____

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 Ltd or its agents to obtain or provide information or documents in relation to this claim from or to 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 - We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim 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, ask us for a copy.

MB Insurance claims officers are able to assist with any queries relating to your claim. Please contact our office for assistance. If you have an unresolved complaint or dispute you should first take this up with the manager.

If you are unable to resolve your concerns with the manager you should contact the MB Insurance Consumer Relations area in Sydney on the toll free number 1800 021 156 or you may request your concerns be directed straight to the Consumer Relations section at the Head Office of the insurer on (03) 9855 5640.

Another option available to you if you are not satisfied with the outcome is to contact the Insurance Enquiries and Complaints Limited scheme. This independent service is provided to the insuring public at no cost and aims to resolve complaints quickly and informally. The telephone number for this independent service is 1300 363 683.

Returning Address: The Claims Manager
MB Insurance Group Pty. Ltd.
Level 1, 30 Atchison Street
P.O. Box 361
St Leonards NSW 1590

Phone: (02) 9966 9777
Fax: (02) 9966 9911
Toll Free: 1800 021 156