

GLASS NOW .com.au

Insurance Claim Form

Job Number: _____

Insurance company: _____ Due Date: / / Excess: \$ _____
Policy number: _____ Claim number: _____
Name of insured: _____ Phone number: _____
Address of insured: _____
Address of breakage: _____

How did breakage occur: (please tick one)

- Accidental
 Storm
 Break and Enter
 Unknown
 Other:

Were the police notified?: YES NO

Police Station: _____
Police Report #: _____

Are you registered for GST purposes?: YES NO

If yes what is your ABN: _____
What GST % is claimable?: _____

Date of Breakage: / /

Time of Breakage: _____ AM PM

Details of materials and labour: _____

I, the undersigned, acknowledge that the glass/building materials supplied and the labour of glazing has been authorised by myself and carried out to my specific instructions. The replacement of the glass (and work involved in replacing it) is covered by the above specified insurance policy with the above named insurance company. I further acknowledge that **if for any reason the insurance company above mentioned denies liability for payment, I will immediately forward the full payment to Glass Now Pty Ltd.** I also understand that should I not forward the full payment to Glass Now Pty Ltd. within 3 working days, I will be liable for a surcharge of 15% of the initial invoice amount.

I understand that **by signing this document, I indicate that the work has been completed to my full satisfaction** and I agree that the glass/building material supplied by Glass Now Pty Ltd. were delivered in good working order. The damage, to any other part of the goods repaired, and not directly supplied by Glass Now (e.g. damage to frames due to corrosion, severe weather conditions, age depreciation etc.) is not warranted by Glass Now. Thus, I agree that any future costs associated with repair of the goods, however caused or arising and whether direct or indirect, are NOT covered by Glass Now's warranty.

I DECLARE the foregoing particulars to be true and correct.

Date: / / Print name: _____ Signed: _____

Insured paid: \$ _____
 Cash
 Cheque
 Credit Card

being for insurance excess.
Please note there is no GST on this payment.

Monies received by: _____ on behalf of Glass Now Pty Ltd.

Signed (Glazier): _____ Date: / /