

BREAKAGE OF GLASS / WINDSCREEN CLAIM FORM

We're sorry to hear you've had an accident. Our aim is to facilitate the ease of the claims process so your claim can be assessed as quickly as possible.

You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

The completed claim form should be forwarded to us as soon as possible together with quotes for repairs (if any) and photos.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

PLEASE RETURN COMPLETED CLAIM FORM AND ANY SUPPORTING DOCUMENTATION TO:

mpclaims@midlandinsurance.com.au

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, you can contact us for information about where the insurer is located.
- By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website:

https://midlandinsurance.com.au/wp-content/uploads/2020/08/Privacy-Statement-and-Compliance-doc_15.01.2020.pdf

Claim Number:

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1. Policyholder

Full Name of Policyholder		
Address of Policyholder		
Telephone Numbers: Business Hours (.....) After Hours (.....)		
Insurer:	Policy No:	Expiry Date: / /
For what purpose was the vehicle being used?		

2. Insured Vehicle

Make & Model:		
Body Type:	Year of Manufacture:	
Registration No:	Engine No:	
V.I.N. No:	Expiry Date of Registration: / /	
Name & Address of Finance Co. (if applicable)		
Have there been any engine, body or transmission modifications from the manufacturer's original specifications or any accessories added? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give details:</i>		

3. Driver (Please complete these details in respect of the person in charge of the vehicle at the time of the accident)

Full Name of Driver		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address of Driver		Date of Birth: / /	
		Contact Telephone No.	
Drivers Licence No:	Licence Class	State of issue:	
How long has the driver held a motor vehicle drivers licence? years		Expiry Date of Licence: / /	
Was the vehicle being used with the full knowledge and consent of the policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the windscreen been repaired? If so by whom? If not, you may choose to call Windscreens O'Brien on 13 16 16.			

4. Accident Date and Description

Date of accident: / /	Time of accident: am pm
Name of street where accident occurred			
If at an intersection, names of intersecting streets			
Suburb, Town, City			
State clearly and fully how the accident occurred (if insufficient space, attach separate statement)			

9. ABN Details

Are you a registered business?	Yes	No	What is your ABN?	ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%				

10. Declaration

The information and answers given above are a true and complete statement of the facts and matters relating to the happening for which this claim is made, and no information likely to affect this claim has been withheld. I authorise my Insurer to undertake on my behalf whatever actions are necessary to indemnify me within the terms of my policy including if necessary, removal of my vehicle to alternative premises to enable repairs to be carried out by a qualified Motor Body Repairer. I understand that this claim may be refused if information is untrue, inaccurate or concealed.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Midland Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Driver's Signature Date:/...../.....

Policyholder's Signature Date:/...../.....