



INSURANCE CLAIM DETAILS

FOR YOUR INFORMATION:

Upon the return of a fully completed claim form, our invoice will be posted or emailed to your nominated Insurance Company along with a copy of this form. A copy of our invoice will also be faxed or emailed to the Policy holder below for a reference should you receive payment direct from your insurance company.

PLEASE NOTE:

Imperial Glass must have your claim details no longer than 3 (three) days after the date of loss to process your claim efficiently. With no instructions or contact received within 3 (three) days Imperial Glass will issue an invoice direct to the work site and the full costs for the repairs will be due **PAYABLE DIRECT TO IMPERIALGLASS** as per our trading terms **(7 Days Nett)**.

If you have any queries or require further information please contact our accounts department 08 94141403

PLEASE USE **BLACK INK** FOR REPRODUCTION PURPOSES

COMPLETE ALL DETAILS & RETURN ASAP Via Fax: (08) 9414 1503 or Email: accounts@imperialglass.com.au

Name of Business: _____ ABN#: _____

Address: _____

Postcode: _____ PH: _____

Accounts Payable Email address: _____

INSURANCE POLICY DETAILS:

Policy Holders Name: _____ ABN#: _____

Postal Address of Policy Holder: _____

Postcode: _____

Policy Holders Contact Number: () _____

Fax: () _____

Email: _____

Mobile: _____

NAME OF YOUR INSURANCE COMPANY: _____

(Name of Insurance Company ONLY)

(Please DO NOT complete with Insurance Broker Details)

Policy Number: _____

Insurance Excess \$ _____

ITC Percentage on Premium applicable to this policy # _____ %

CLAIM DETAILS: Date of loss: _____ / _____ / _____

Time Of Loss: _____

Police Report #: _____

Claim #: _____

Cause of Damage: _____

Description of Repairs: _____

THE ABOVE WORK HAS BEEN CARRIED OUT TO MY SATISFACTION AND I/WE ACKNOWLEDGE THAT ULTIMATE RESPONSIBILITY FOR REPAYMENTS RESTS WITH ME/US SHOULD THIS CLAIM NOT BE ACCEPTED BY MY/OUR NOMINATED INSURANCE COMPANY. ANY EXCESS PERTAINING TO THE ABOVE MENTIONED POLICY WILL BE PAID DIRECTLY TO IMPERIAL GLASS

I, the undersigned policy holder, give permission for all matters in relation to this claim for works completed by Imperial Glass be discussed with Imperial Glass administration. **Please pay Imperial Glass direct on the behalf of the insured**

NAME:..... POSITION HELD:.....

SIGNED..... DATED:/...../.....

PLEASE ENSURE ALL DETAILS HAVE BEEN COMPLETED AND THIS CLAIM FORM HAS BEEN SIGNED