



**WESFARMERS FEDERATION**  
**INSURANCE LIMITED**  
 A.B.N. 18 009 027 221  
*Truly Australian*

Please reply to: <b>WFI</b> LOCKED BAG 1 BASSENDEBACH 6934 (08) 9274 5535	<b>OFFICE USE ONLY</b>		
	Policy:		
	Expiry:		
	Loc:	Risk:	ITCE%:
	Claim #:		XS:
	Date C/F sent:	/ /	
Officer:		Assr:	

## GLASS BREAKAGE CLAIM REPORT

- Note:**
- To be completed and signed by the insured.
  - The issue or acceptance of this claim report is not an admission of liability by the company.
  - If there is not enough space for your answer to any of these questions please attach a separate sheet of paper with the question number or subject shown. Any attachments will form part of this claim report and the declaration will include them.
  - If you require assistance please call us at the above location.

**PRIVACY:** Personal information provided to us in this document will only be used by us to deal with this claim and your future insurance arrangements with and claims you might make on us. We will only pass the information to persons outside WFI if they are assisting us with the above matters or we are required by law to do so or you consent to our doing so.

### INSURED

Full name of insured: \_\_\_\_\_  
 Trading name: \_\_\_\_\_  
 Do you have an Australian Business Number? Yes  No  If yes, your A.B.N.: \_\_\_\_\_ and  
 ITCE %: \_\_\_\_\_ must be provided. The ITCE % is the percentage of the GST charge on the premium for the policy on which this claim is made and for which the insured is entitled to claim as an Input Tax Credit Entitlement.  
*The information you provide about Australian Business Number is your declaration to us as required by legislation. If you do not provide the information, your claim may be delayed until you do so.*  
 Postal address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 We may need to contact you. Please detail and indicate your preferred methods by  in the appropriate boxes.  
 Private: \_\_\_\_\_  Business: \_\_\_\_\_  Mobile: \_\_\_\_\_  
 Fax: \_\_\_\_\_  Email: \_\_\_\_\_ By post:   
 Policy number: \_\_\_\_\_ Risk number: \_\_\_\_\_ Current to: \_\_\_\_\_

### LOSS/DAMAGE

1. When did the loss/damage occur?	Date: _____ Day: _____ Time: _____ am/pm
2. Address where the loss/damage occurred?	_____
3. a. Name of the occupant? b. Does the lease hold the occupant responsible?	a. _____ b. Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Date building last occupied prior to loss/damage.	Date: _____ Day: _____ Time: _____ am/pm
5. a. Position of glass eg. window, door, mirror? b. Was there signwriting, alarm tapes, tinting?	a. _____ b. Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____
6. How did the loss/damage occur?	_____
7. If a third party was responsible for the loss/damage please provide name, address and ☎.	_____
8. Have you reported the loss/damage to the police?	Yes <input type="checkbox"/> No <input type="checkbox"/> Station: _____ File #: _____
9. Have you arranged (attach documents):	A quotation <input type="checkbox"/> Repairs <input type="checkbox"/> Replacement <input type="checkbox"/> Payment <input type="checkbox"/>

### DECLARATION

I/We declare the foregoing particulars to be true in every respect and that no information has been exaggerated, omitted or withheld.

Signature of insured: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the number of additional pages attached to this claim report: