

TOKIO MARINE
NICHIDO**PLEASE USE CAPITALS TO FILL IN CLAIM FORM**

Motor Vehicle Glass Form

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.
IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.TOKIO
MARINE
GROUP**Please complete all sections**

Policy Number	<input type="text"/>	Expiry Date	<input type="text"/>	Excess	<input type="text"/>
Name of Insured	<input type="text"/>				
Office Address	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		
Office Phone No	<input type="text"/>	Driver's Mobile Number	<input type="text"/>		
Claim Contact	Name	<input type="text"/>	Phone Number	<input type="text"/>	
Email Address	<input type="text"/>				

Insured Vehicle

Make	<input type="text"/>	Model	<input type="text"/>	Year of Manufacture	<input type="text"/>					
Registration Number	<input type="text"/>	Engine No	<input type="text"/>	Vin/Chassis Number	<input type="text"/>					
Use of vehicle at time of accident:	Business	<input type="checkbox"/>	Private	<input type="checkbox"/>						
CLASS OF VEHICLE	Sedan	<input type="checkbox"/>	Four Wheel Drive	<input type="checkbox"/>	Van	<input type="checkbox"/>				
	Station Wagon	<input type="checkbox"/>	Utility up to 2T	<input type="checkbox"/>						
Type of Damage:	Windscreen	<input type="checkbox"/>	Door Glass	<input type="checkbox"/>	¼ Window	<input type="checkbox"/>	Rear Windscreen	<input type="checkbox"/>	Fixed Glass	<input type="checkbox"/>
If Windscreen please state type fitted to vehicle prior to the breakage referred to in this claim:	Clear Laminated	<input type="checkbox"/>	Banded Laminated	<input type="checkbox"/>						

Accident DetailsDate of Event Day of Week Time am/pmLocation: Street Suburb Postcode How did the incident occur? **Driver Or Custodian**Surname Given Name(s) Address: Phone No: Date of Birth Age YrsLicence No: Class of Licence Date Licence First Obtained Licence Expiry Date **Declaration – Read carefully before signing****The information and answers given above are true in every detail and no information has been withheld.**Driver's Signature Date Manager's Signature Date Was driver authorised to have control of the vehicle? Yes No **YOUR PRIVACY**

- We collect personal information about you (including the information you provide in this Motor Vehicle Glass Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (other than sensitive information, such as information about your health) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.
- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. By signing this Motor Vehicle Glass Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.
- A list of the type of our service providers, key business alliances and the consultants we commonly use is available on request.
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not be able to assess your claim.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. Where we are unable to grant you access, we will tell you why.
- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, GPO Box 4616, Sydney, NSW, 2001. Please provide details of your policy number/s and/or claim number where known.

Tokio Marine and Nichido Fire Insurance Co., Ltd. is a member of the insurance industry's impartial Financial Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally.

You should first take your complaint up with our local manager. In most cases the problem will be resolved easily. If you are not satisfied with the outcome, you may contact the Financial Ombudsman Service in your state for advice and assistance in resolving your claim. The telephone number is 1300 780 808. Website: www.fos.org.au