

Windscreen Breakage Claim Form

POLICY DETAILS

Insured

Policy no.

Expiry date

Underwriter

INSURED DETAILS

Contact name

ABN

Registered for GST?

Yes

No

Input tax credit

%

Address

%

State

Postcode

Contact numbers

Business / Private

Mobile

Email

INSURED VEHICLE DETAILS

Registration no.

Year

Make

Model

BREAKAGE DETAILS

Date of breakage

Time

am

pm

Location

Describe how the breakage occurred

THE WINDSCREEN

Has the windscreen been repaired / replaced	Yes	No
If YES has the repair account been paid?	Yes	No
If YES please attach copy of tax invoice		
If NO have you found a repair and has the repair been quoted	Yes	No
If YES please attach copy of quote		
If NO would you like assistance in enlisting a repairer?	Yes	No

EFT DETAILS

BSB

Account number

Account name

Please note that providing your EFT details does not guarantee settlement of your claim

DECLARATION

I/we hereby declare that the information and answers are true and correct and that no information has been withheld.

I/we understand that in the event of theft and the property is recovered it becomes the property of the insurer.

Signature of Insured

Date

The *Privacy Act 1988* requires us to tell you that we as a broker and the insurer may collect your personal and sensitive information in order to calculate your loss and entitlements, and liability. If you wish to access this information please contact us or the insurer. If you are not satisfied with the outcome of this claim the matter can be referred to the insurers internal dispute resolution process or the industry's external independent complaints scheme, contact us for details.

Further comments

SUBMIT YOUR CLAIM

