

Dear Sir/Madam,

Re: Claim for Windscreen

To enable us to promptly attend to lodgement of your claim, would you please complete the attached claim form and return with all other relevant information as listed on the last page, titled "How to make a claim".

We ask that you ensure all information is provided in the first instance to ensure no delays in settlement occur.

Whilst every effort has been made to ensure these details are correct, please take this opportunity to ensure that any pre-filled details are correct.

Policy Number
Insurer

Windscreen Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

General Details		
Policy Number		
Insured Name		
Address		
Phone Number		
Email		
Interested Party		
Is there any other Insurance in force which would cover this in whole or part?	No Yes – please provide details	
Are you registered for GST?	No Yes	
ABN Number		
Are you entitled to claim an input tax credit on the GST component of the premium applicable to this Policy?	No Yes - Are you entitled to claim an amount less than 100%?	
	No Yes - specify amount claimed	%
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No Yes - Are you entitled to claim an amount less than 100%?	
	No Yes - specify amount claimed	%
The Breakage		
Date of Breakage		
Time of Breakage	am/pm	
Vehicle Description		
Registration Number		
Location of Accident		
Describe how the breakage occurred		
Type of Damage (circle applicable)	Shattered Bull's-eye Cracked	

The Windscreen

Date new windscreen fitted by repairer

Type (circle applicable)

Laminated
Plain
Full Tint
Banded Tint

Name of Repairer who fitted windscreen

Address/State/Postcode

Has the repairer been Paid? If so, please attach repair account

Yes No

Privacy

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy or visit our website.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
3. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date:

Signature:

EFT Payment Details (Please complete this section if you require payment directly into your account)			
Account Name			
BSB:		Account Number	
Bank Name		Address:	
Email Address for payment notification:			