

Motor Vehicle Windscreen Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Policy Number Client Ref No

Insured

Name of Insured

Postal Address Postcode

Private Phone Business Phone

Email address

Occupation

What is your Australia Business Number (ABN)? - - -

Are you Registered for GST Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Are you the sole owner of the insured vehicle? Yes No

If NO, who is the owner?

Insured Vehicle

Make, Model & Year Year

Rego Number Rego Exp date Colour

Engine Number Chassis No

Driver

Surname Given Name(s)

Address Postcode

Phone No. Date of Birth Female Male

Drivers Licence Expiry Date Years held

Registered owner of vehicle

Are you an employee Yes No If no, state relationship

Did you undergo a breath test or blood test for alcohol or drugs? Yes No

If yes , what was the result.

Accident Details

Date Time am/pm Vehicle Use: Business Private

What was the accident location?

Street Suburb P/code

How did the accident happen?

Privacy

Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law

Where you give us information about the other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changed are required.

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're 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 cause the loss or damage or sought unjustly to benefit thereby any fraud or misinterpretation and that information shown is true and the I/We have not concealed any information relating to 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 of 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.

Please attach tax invoice for the windscreen repairs, so as you can be reimbursed

Please provide bank details so as any payment can be made by electronic funds transfer:

Name of insured _____ Name of Bank _____

BSB _____ Account Number _____

Insured's Signature: _____

Date: _____