

Windscreen Breakage Claim

Policy Number

Claim Number

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

Please complete all sections.

| | | | | |
|---------------------|--|-----|-----------|------------------------------------|
| INSURED'S FULL NAME | | | Ph (Home) | () |
| POSTAL ADDRESS | | | Ph (Work) | () |
| | | | Postcode | |
| Tax Status | Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/> | ABN | | Taxable <input type="checkbox"/> % |

INSURED VEHICLE DETAILS

| | | | |
|--|---|---------------------|--|
| Year of Manufacture | | Registration Number | |
| Make | | VIN No. | |
| Model | | | |
| Type of windscreen fitted at time of accident: | <input type="checkbox"/> Laminated <input type="checkbox"/> Plain <input type="checkbox"/> Full Tint <input type="checkbox"/> Banded Tint | | |

THE BREAKAGE

| | | | |
|-------------------------------------|--|------------------|-------------|
| Date of breakage | ____ / ____ / ____ | Time of breakage | _____ am/pm |
| Location of breakage | | | |
| Describe how the breakage occurred. | | | |
| | | | |
| | | | |
| Type of damage: | <input type="checkbox"/> Shattered <input type="checkbox"/> Bull's-eye Type <input type="checkbox"/> Cracked | | |

THE WINDSCREEN

| | | | | | |
|--|---|-------|---|--|----------|
| Date new windscreen fitted by repairer | ____ / ____ / ____ | Type: | <input type="checkbox"/> Laminated <input type="checkbox"/> Plain <input type="checkbox"/> Full Tint <input type="checkbox"/> Banded Tint | | |
| Name of repairer who fitted windscreen | | | | | |
| Address | | | | | Postcode |
| | | | | | |
| Has repair account been paid | <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach repair account. | | | | |

DECLARATION

The information and answers given above are true and complete in every detail.
 I understand the claim may be refused or reduced if information is withheld.
 I authorise that the insurer give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Driver's Signature

Date

Insured's Signature

Date