

WINDSCREEN CLAIM FORM



The issue or acceptance of this form is not to be construed as an admission of liability on the part of the Company.

1. Your Details

Policy Number	Expiry Date
Name of Insured	
Address	Phone Number

2. Your Vehicle Details

Year	Make	Model	Body Type	Registration Number
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3. Goods and Services Tax (GST)

Is the person, business or entity that paid the premium for this insurance registered for GST? No Yes

If you are entitled to an Input Tax Credit, please provide your ABN

4. Incident Details

Cause of Breakage	Date of Breakage
Prior to this incident, was the windscreen damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide details

5. Funds Transfer

Account Name:	Bank:	BSB:	Account No:
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I/We certify that the information given in this form is truthful accurate and complete.

Insured's Signature	Driver's Signature	Date
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