

Broken Windscreens Only

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

Policy Number Client Ref No

Name of Insured

Postal Address Postcode

Email Address

Private Phone Business Phone

Drivers Name Age

Drivers Licence Expiry Date

Make of Vehicle Model Year

Engine Number Rego Date of Breakage

Was the broken windscreen treated? (Please check all that apply)

Tinted Zone Toughened Laminated Amour Plate Rain Sensor Banded

Other

Was the windscreen struck by a stone? Yes No If not, state cause

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? %

On receipt of the account for replacement please pay the repairer direct OR forward cheque to me/us. If the windscreen has already been replaced please attached your account receipt.

If these questions do not cover all the facts of the accident please attached supporting documentation. I declare that the above is a true statement of the facts and all matters relating to this claim.

Signature Date