



Policy Number

Date

Your Claim Reference

For your records you can provide a division or reference number

Insured name/s (Policyholder name)

Contact name

Contact Number

E-mail

Address

Suburb

Post Code

State or Territory

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

Are you registered for GST purposes?

No

Yes

What is your ABN?

Have you claimed, or do you intend to claim an input tax credit on the GST applicable to this policy?

No

Yes

Specify the percentage to be claimed

 %

### Insured Vehicle Details

Year

Make

Model

Registration Number

Vehicle ID

Can include Vin, Chassis Serial or Engine Number

Type of Windscreen

Laminated

Plain

Full Tint

Banded Tint

### The Breakage

Date of Breakage

Time of Breakage

Location of breakage

Describe how the breakage occurred – was the windscreen struck by a stone?

Yes

No

Type of Damage

Shattered

Bulls eye

Cracked

### Windscreen Details

Date new windscreen fitted by repairer

Type

Laminated

Plain

Full Tint

Banded Tint

Name of repairer

Address

Has repair account been paid?

No

Yes

If yes, please forward invoice and provide bank account details



### Details for EFT payment

Bank

Account Name

BSB

Account Number

### Privacy

The Privacy Act 1988 sets out standards for the collection and management of personal information. We collect personal information in order to provide our services and products. Our Privacy Policy Statement is available on our website or click [here](#) to view

### Declaration

By submitting this form, the signatory declares:

That the details in this form are correct and not misrepresented in any way.

The insurer may make their decision on indemnity based on these answers.

I understand the Privacy Act 1998 and consent to use and disclosure of personal information (tick to agree)

This electronic signature will be treated the same as if signed personally (tick to sign)

Completed by

Date