



WINDSCREEN CLAIM FORM

AFSL No 238717

Policy Holder and Vehicle Details	
Full Name(s) of Insured:	
Address of Insured:	
Policy Number:	
Vehicle Year, Make and Model:	
Registration Number:	

Driver of the Insured Vehicle	
Driver's full Name:	
Address:	
Telephone Number:	
Driver's Date of Birth:	
Relationship to Policyholder:	

The Incident		
Date and Time of Incident:		am/pm
Where incident took place:		
How did incident occur:		
Type of damage:	Cracked <input type="checkbox"/>	Shattered <input type="checkbox"/>
Was damaged glass tinted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Repair Details		
Have you paid repairer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of repairer:		
Address of repairer:		
If paid, please attach the repairer's tax invoice		

ABN Details		
If you are a registered business:	ABN: _____	
Are you entitled to an input tax credit on the GST amount applicable to this policy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what is your ITCE percentage:		
Are you entitled to an input tax credit on the GST amount applicable to this claim:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, what is your ITCE percentage:		

Declaration

To the best of my knowledge, the answers given above are truthful and accurate. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Driver's Signature _____ Policyholder's Signature _____ Date _____

PLEASE CHECK THAT THIS FORM HAS BEEN COMPLETED IN FULL