

WINDSCREEN CLAIM FORM

My Name : _____

My Postal Address : _____ Postcode _____

My Telephone No : _____ (WK) _____ (HM) Occupation: _____

My Policy No : _____ Expires on : _____

The Policy Holder & Vehicle Details

Insured's full Name: _____

Year of Manufacture: _____ Make of Vehicle: _____ Model : _____

Body type : _____ Registration No: _____

The Driver of the Insured Vehicle

Driver's Name : _____

Postal Address : _____ Postcode _____

Telephone No : _____ (WK) _____ (HM) Occupation : _____

Relationship to Policyholder : _____ Driver's date of Birth: _____

Current driver's licence No : _____ Expiry date : _____

The Incident

Date of Incident : ____/____/____ Time : _____ a.m. p.m.

Place where accident took place : _____

Please describe how the windscreen was broken : _____

Did the windscreen Crack or Shatter

Please indicate type of glass that was damaged : Clear Laminated Laminated Tinted Toughened Glass

Repair Details

Have you paid for the replacement windscreen : YES NO

If YES, please attach the original receipted account.

If NO, please state :

Name of repairer : _____

Address : _____ Postcode: _____

(Please also attach the invoice if available)

ABN Details

Are you a registered business? No Yes ABN No: _____

Have you claimed an input tax credit on the **GST** amount applicable to this **total policy**? No Yes If so, ITC _____%

Are you entitled to claim an input tax credit for repairs or replacement for **this particular claim**? No Yes

If "Yes" is the amount claimable less than 100%? No Yes

If "Yes" specify the Percentage of the amount claimable. _____%

Declaration

To the best of my belief, the answers given above are truthful, accurate and frank. 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.

Drivers Signature _____ Policyholder's Signature: _____ Date: _____