



Windscreen Breakage Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy Number

Claim Number

Please complete all sections.

The Insured			
Full Name (Block Letters)	Surname		Given Name(s)
Postal Address			
		State	Postcode
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?		
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed		% <input type="text"/>
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?		
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed		% <input type="text"/>
Contact Numbers	Business	()	Private
	Facsimile	()	Mobile

Insured Vehicle Details			
Make of Vehicle		Year of Manufacture	VIN No.
Model			Registered No.
Type of windscreen fitted at time of accident:	Laminated <input type="checkbox"/>	Plain <input type="checkbox"/>	Full Tint <input type="checkbox"/> Banded Tint <input type="checkbox"/>

The Breakage	
Date of breakage	/ / Time of breakage am/pm
Location of breakage	
Describe how the breakage occurred	
<input type="text"/>	
<input type="text"/>	
Type of damage:	Shattered <input type="checkbox"/> Bull's-eye Type <input type="checkbox"/> Cracked <input type="checkbox"/>

The Windscreen	
Date new windscreen fitted by repairer	/ / Type? Laminated <input type="checkbox"/> Plain <input type="checkbox"/> Full Tint <input type="checkbox"/> Banded Tint <input type="checkbox"/>
Name of repairer who fitted windscreen	
Address	
	State Postcode
Has repair account been paid?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach repair account

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/We understand the claim may be refused if information is not true or is withheld.
2. I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.

Date / /

Signature of Insured 2.

Date / /

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.

Return the completed form to your Financial Services Provider or mail to QBE Insurance, GPO Box 4229, Sydney NSW 2001.