

Windscreen breakage claim



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Return the completed form to your financial services provider or mail to **QBE Insurance - Claims, GPO Box 4323, Melbourne VIC 3001** or email to giclaims@qbe.com

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

Policy No.

Claim No.

Please complete all sections.

The insured

Full name (Block letters)	Surname	Given name(s)		
Postal address			State	Postcode

Are you registered for GST? Yes No What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

Yes No - Will you be claiming an amount less than 100%?
Yes No - Specify amount claimed

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

Yes No - Will you be claiming an amount less than 100%?
Yes No - Specify amount claimed

Contact numbers	Business	()	Private	()
	Facsimile	()	Mobile	
	Email			

Insured vehicle details

Make of vehicle	Year of manufacture	VIN number		
Model	Registered number			
Registered owner				
Type of windscreen fitted at time of accident:	Laminated	Plain	Full tint	Banded tint

The breakage

Date of breakage (dd/mm/yyyy)	Time of breakage	am	pm
Location of breakage			
Describe how the breakage occurred.			
Type of damage:	Shattered	Bull's-eye type	Cracked

The windscreen

Date new windscreen fitted by repairer (dd/mm/yyyy)	Type? Laminated	Plain	Full tint	Banded tint
Name of repairer who fitted windscreen				
Address	State	Postcode		
Has repairer account been paid				
Has repairer account been paid?	Yes	No	- Please attached repair account	

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer and manage products and provide services.

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 declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/we authorise QBE 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 obtain during the course of this contract.

Signature of insured 1.

Date (dd/mm/yyyy)

Signature of insured 2.

Date (dd/mm/yyyy)

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