

WINDSCREEN CLAIM FORM

Please Note:

- Please attach all relevant invoices or accounts relating to the breakage.

Privacy:

Privacy legislation regulates the way private sector organizations can collect, use, keep secure and disclose personal information. Austagencies Pty Ltd has developed a Privacy Policy, which explains what sort of personal information we hold about You and what we do with that information. To obtain a copy of Austagencies Pty Ltd Privacy Policy, please contact Your Financial Services Provider or visit our website at www.austagencies.com.au.

Agent of the Insurers:

In accordance with the requirements of the Corporations Act 2001 Austagencies Pty Ltd in arranging or effecting this insurance, or dealing with or settling claims will be acting under an authority given to it by certain Insurers. Accordingly Austagencies Pty Ltd will be acting as an agent of the insurers and not an agent of the insured.

Policy Details

Insured: _____

ABN: _____

To what extent can you claim an Input Tax Credit on your motor vehicle insurance premium? _____ %

To what extent can you claim an Input Tax Credit on the vehicle which is the subject of this claim? _____ %

Address: _____

City: _____ State: _____ Postcode: _____

1. Driver of Insured Vehicle

Name: _____

Address: _____ State: _____ Postcode: _____

License No: _____ Expiry Date: _____ / _____ / _____

2. Insured Vehicle

Make of Vehicle: _____ Model: _____ Registration No: _____

3. Particulars of Breakage

Type of windscreen (laminated, tinted etc)

Date breakage occurred / / Route No:

Location where breakage occurred:

Type of Incident: Thrown Rock Other Missile Any other cause?

Please advise:

Amount claimed: \$

Windscreen: Drivers window: Rear Window: Passenger Window: LH side RH side

Other, please specify:

Declaration and Authorisation

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

I understand the claim may be refused or reduced if information is withheld.

I authorise that Australian Bus and Coach Underwriting Agents 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:

Date:

Signature of Driver:

Date:
