

## 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](http://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:

---