

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													
Postal Address							S	State		Postcode			
Are you registered for GST? No Yes What is y			our ABN?										
Have you claimed or intend to claim an input tax credit on the			No 🗌 Yes 🗌 – Will you be claiming an amount less than 100%?										
GST component of the premium applicable to the Policy?		Policy?	No 🗌 Yes 🗌 – Specify amount claimed						%				
Are you entitled to claim an input tax credit for repairs or			No \Box Yes \Box – Will you be claiming an amount less than 100%?										
replacement of the item that has been lost or damaged?		No 🗌 Yes 🗌 – Specify amount claimed						%					
Contact Numbers	Business	()					Р	Private ()					
	Facsimile	()					N	lobile					

Insured Vehicle Details							
Make of Vehicle		Year of Manufacture		VIN No.			
Model				Registered No.			
Type of windscreen fitted	d at time of accident: Laminat	ed Plain		Full Tint	Banded Tint		

The Breakage								
Date of breakage	/ /		Time of breakage	am/pm				
Location of breakage								
Describe how the break	age occurred							
Type of damage:	Shattered	Bull's-eye Type	Cracked					

The Win	dscreen						
Date new windscreen fitted by repairer		/ /	Type?	Laminated	Plain	Full Tint	Banded Tint
Name of rep	pairer who fitted windscreen						
Adduces							
Address					State	Po	ostcode
Has repair a	Has repair account been paid? Yes No 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. I/We understand the claim may be refused if information is not true or is withheld. 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. X	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.