



Windscreen Breakage Claim

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?	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	<input type="text"/>	Year of Manufacture	<input type="text"/>	VIN No.	<input type="text"/>
Model	<input type="text"/>	Registered No.	<input type="text"/>		
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	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of breakage	<input type="text"/> am/pm
Location of breakage	<input type="text"/>		
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	<input type="text"/> / <input type="text"/> / <input type="text"/>	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	<input type="text"/>				
Address	<input type="text"/>				
	State	Postcode			
Has repair account been paid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please attach repair account		

PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

DECLARATION

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 QBE Insurance (Australia) Limited 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.

Driver's Signature

Date / /

Insured's Signature

Date / /

THE WINDSCREEN

Date new windscreen fitted by repairer / / Type: Laminated Plain Full Tint Banded Tint

Name of repairer who fitted windscreen

Address
 State Postcode

Has repair account been paid? Yes No Please attach repair account