

Windscreen Claim Form

Accepted windscreen claims will reimburse replacement costs less GST and excess where applicable.

Insured Details

Insured Name:				ITC %:	
ABN:		Policy No.:		Insurer:	
Address:					
Suburb:		State:		Postcode:	
Contact First Name:			Contact Surname:		
Landline:			Mobile:		
Email Address:					

Bank Details for Settlement or Reimbursement

Account Name:			
Bank:			
BSB:		Account No.:	

Insured Vehicle Details

Insured Ref:			Depot:		
Make:		Model:		Year:	
Registration:		Vin:		Colour:	
Type of service at time of incident	<input type="checkbox"/> School Bus <input type="checkbox"/> Local Charter <input type="checkbox"/> Gen Charter/Intra State <input type="checkbox"/> Route Service <input type="checkbox"/> Rail Replacement <input type="checkbox"/> Scheduled Intercapital Express <input type="checkbox"/> Interstate Tours <input type="checkbox"/> Country Link / V-Line <input type="checkbox"/> Self-Drive Hire <input type="checkbox"/> Airport/Hotel Transfer <input type="checkbox"/> Pub/Club Shuttle Bus <input type="checkbox"/> Private <input type="checkbox"/> Other (please state): _____				
Are you the registered owner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If NO, please provide the owner's details below		
Registered Owner Name:					

Driver Details

First Name:		Surname:	
Address:			
Suburb:		State:	Postcode:
Landline:		Mobile:	
Email Address:			
Relationship to Owner:	Owner <input type="checkbox"/> Employee <input type="checkbox"/> Hirer <input type="checkbox"/> Relative <input type="checkbox"/> Lease Driver <input type="checkbox"/> Other <input type="checkbox"/>		
License No.:		Expiry:	Class:
No. of years class held:		DOB:	Age:
Did the driver consume any alcohol or drugs in the 12 hours prior to the accident?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the driver have any driving convictions			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide details:			
Has the driver ever had car insurance cancelled or refused by any insurers?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Loss Details

Address where breakage occurred:			
Suburb:		State:	Postcode:
Type of windscreen:	e.g. laminated, tinted		
Date of loss:		Cause of breakage:	<input type="checkbox"/> Thrown Rock <input type="checkbox"/> Storm/Hail <input type="checkbox"/> Tree/Branch <input type="checkbox"/> Other (please state): _____

Privacy

The Privacy Act 1988 governs how companies can collect, store, and use your information. Your account manager can supply a copy of your Insurer's Privacy Policy at your request. In relation to claims, your insurer may have to disclose your data to Third Parties such as repairers, assessors, police, credit agencies, and Third Party Insurers, as and where it relates to your claim. If you do not wish for this information to be disclosed, please advise us, however it may affect your claim's ability to be acted upon.

Declaration. By entering my name electronically below;

I/we declare that to the best of my/our knowledge and belief, the information provided in this form and in any attached documentation is true and correct and that I/we have not withheld any relevant information.

I/we consent to the Insurer and/or its agent using the personal information I/we have provided for the purpose of processing my claim. I/we understand that if I/we choose not to provide the required details, this is my/our choice; however, the Insurer and/or its agent may not be able to process my/our claim.

I/we consent to the Insurer and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/we also consent to the Insurer and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/we acknowledge that I/we have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/we acknowledge that if I/we do not agree to the collection of this personal information then the Insurer and/or its agent will be unable to process my/our claim.

I/we authorise the Insurer or its agent 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.

I/we acknowledge that any form of electronic signature, including but not limited to signatures via typing your name, may substitute for an original signature and shall have the same legal effect as an original signature.

Signed (Insured): _____

Date: _____

- **Please submit your claim by emailing this form and your supporting documents to claims@businsure.com.au**
- **We recommend that you either cc yourself into the email or that you print a copy of the form for your records.**
- **Before you email the form, please ensure that you have completed / attached the following;**
 1. All relevant questions on the claim form
 2. Your glass repair quote and/or invoice