

# Windscreen Claim form

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

A trading name of Austbrokers RIS Pty Ltd  
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## Completing form electronically

This form can be filled in entirely electronically including digital signatures if you have them. Alternatively, it can be filled in, printed, signed, and faxed/emailed. Please remember to include a copy of your invoice with your claim form.

## Privacy

The Privacy Act 1988 governs how companies can collect, store, and use your information. Your broker 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, 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 effect your claim's ability to be acted upon.

## Insured Details

Insured:	<input type="text"/>		
A.B.N:	<input type="text"/>	ITC Percentage:	<input type="text"/> %
Address:	<input type="text"/>	Suburb:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
		Contact Name:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

## Insured Vehicle Details

Insured Claim Ref:	<input type="text"/>	(if applicable)	Depot:	<input type="text"/>	
Vehicle Make:	<input type="text"/>	Model:	<input type="text"/>	Year:	<input type="text"/>
Registration No.:	<input type="text"/>	Vin:	<input type="text"/>	Colour:	<input type="text"/>
Type of Service:	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"/>	CountryLink/V-Line: <input type="checkbox"/>	Pub/Club Shuttle Bus: <input type="checkbox"/>		
	Self-Drive Hire: <input type="checkbox"/>	Airport/Hotel Transfer: <input type="checkbox"/>	Private: <input type="checkbox"/>		
	Other : _____				

## Loss Details

**Date of Breakage:**  **Time:**  (24hr)

**Driver Surname:**  **First Name:**

**Address:**

**Relationship:** Owner  Employee  Hirer  Relative  Lease Driver

**License No:**  **Expiry Date:**  **License Class:**

**Date of Birth:**  **Age:**  **Years Licensed:**

**Place Where Breakage Occurred:**

**Postcode:**  **Type of Windscreen:**  *eg.Laminated, tinted, etc.*

**Cause of Breakage:** Thrown Rock  Tree/Branch  Storm/Hail  Other:

## Declaration

I/We declare that to the best of my knowledge and belief, the information provided on this claim 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.

Signed (Insured): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed (Driver): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_