



Registered Insurance Brokers AFSL No. 233 765 B.A. PIGGOTT, A.N.Z.I.I.F. EXECUTIVE DIRECTOR

M.J. BEATON, A.N.Z.I.I.F. EXECUTIVE DIRECTOR

A.J. ROWLAND A.N.Z.I.I.F. EXECUTIVE DIRECTOR

WINDSCREEN CLAIM REPORT

POLICY HOLDERS DETAILS		
1.	Policy Number (From your sched	lule) Expiry Date
2.	Insured (Surname, Company, Partnership, Occupation)	
	Given Name(s) of the Insured	Contact Person (for the company or partnership)
3.	Are you registered for GST Purposes?	
	No Yes	What is your ABN?
	Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?	
	No Yes	Percentage Claimable
4.	Address	
5.	Contact Number	
NSURED VEHICLE DETAILS		
6.	Description of the vehicle involve	ed in the accident
	Registration	Make, model & body type Year of Manufacture
7.	Is the vehicle still under warranty	y? YES NO
CCIDENT DETAILS		
	When did the accident happen?	
8.	Date Tim	ne A.M P.M
9.	Where did the accident happen?	
10.	How did the accident happen?	





DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of the insured of person with authority to Sign for and on behalf of a company or partnership Date



