



## WINDSCREEN CLAIM REPORT

### POLICY HOLDERS DETAILS

1. Policy Number (From your schedule)                      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

### INSURED VEHICLE DETAILS

6. Description of the vehicle involved in the accident  
  
Registration                                      Make, model & body type                                      Year of Manufacture

### ACCIDENT DETAILS

7. When did the accident happen?  
  
Date                                      Time                                      A.M      P.M
  
8. Where did the accident happen?
  
9. 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 or person with authority to  
Sign for and on behalf of a company or partnership      Date