

# Broken Windscreens Only

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Insured details	
Insurers name / policy details:	CGU Insurance Limited. Policy Details 15T0075859
Policy due date:	
Insured's Full Name:	
Insured's Age and Date of Birth:	Age: _____ Date of Birth: _____
Insured's Address:	Postcode: _____
Insured's contact Numbers:	Business: _____ Private: _____
Insured's Email:	
Drivers details:	
Drivers's Full Name:	
Drivers's Age and Date of Birth:	Age: _____ Date of Birth: _____
Driver's Licence:	Number: _____ Expiry date: _____
Vehicle & windscreen details:	
Vehicle details:	Make: _____ Model: _____ Year: _____ Registration number: _____ Engine Number: _____
Date of windscreen breakage:	
Was the broken windscreen treated? <i>(please check all that apply)</i>	<input type="checkbox"/> Tinted <input type="checkbox"/> Zone Toughened <input type="checkbox"/> Laminated <input type="checkbox"/> Amour Plate <input type="checkbox"/> Banded Other _____
Was the windscreen struck by a stone?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If <b>No</b> provide detail here: _____
To ensure you do not incur any unnecessary GST liabilities on this claim please complete the following:	
Your ABN (Australian Business Number):	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> (if applicable)
Are you registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If <b>Yes</b> please supply detail on: Your entitlement to input tax credit in respect of the insurance premium? <input type="text"/> % and the vehicle <input type="text"/> %

On receipt of the account for replacement please pay the repairer direct OR forward cheque to me/us. If the windscreen has already been replaced please attach your account receipt.

If these questions do not cover all the facts of the accident please attach supporting documentation.

I declare that the above is a true statement of the facts and all matters relating to this claim.

Date: \_\_\_\_\_ Insured Signature: \_\_\_\_\_

## Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

## Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence . However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).