Motor Vehicle Windscreen Damage Claim Form

THE COMPLETION OF THIS FORM AND ITS RECEIPT BY US IS NOT AN INDICATION THAT WE ACCEPT ANY LIABILITY.

WE HAVE QUALITY REPAIRERS TO HELP YOU IN THE EVENT OF A CLAIM. PLEASE CONTACT US BEFORE AUTHOURISING REPAIRS.

PLEASE PRINT IN BLOCK LETTERS and answer all Questions where applicable (provide full and complete answers). If a particular question does not apply, please write “Nil” in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

THE FORM SHOULD BE COMPLETED AND RETURNED TO SGIC WITHIN 7 DAYS OF RECEIPT BY THE INSURED.

INSURED’S DETAILS

Name of Insured 

Address 

Postcode 

Name of Business 

Contact Name 

Telephone No. 

Mobile No. 

Facsimile No. 

Email Address 

(1) Are you registered for GST?  No ☐ Yes ☐

(2) What is your Australian Business Number (ABN)?

(3) Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged?  No ☐ Yes ☐

   If “yes”, what is your percentage entitlement?  %

(4) What was your ‘Entitlement to an Input Tax Credit’ (EITC%) on your premium payment for this policy?  %

VEHICLE DETAILS

(1) Year ________ Make ___________________________ Model ___________________________ Reg. No. ___________________________

DRIVER’S DETAILS

(1) Driver or person last in charge of your vehicle.

Name ___________________________ Date of Birth ________ / ________ / ________

Address ___________________________

(2) Has the driver held a Driver’s Licence for more than 2 years?  No ☐ Yes ☐ Expiry Date ________ / ________ / ________

DAMAGE DETAILS

(1) Date of damage ________ / ________ / ________ Time ________________ am/pm

(2) Where did the damage occur? Street ________________________________________________________________________________ Town/Suburb ___________________________

(3) What caused the damage?

(4) Which glass was damaged?  Front windscreen ☐ Side Window ☐ Rear Window ☐

(5) Type of windscreen broken:  Armour Plate Safety Glass ☐ Laminated Glass ☐ Laminated Glass, Bonded/Tinted ☐

(6) Has the Windscreen been replaced?  No ☐ Yes ☐

   If “yes”, by whom? ___________________________ Have you paid the repairer?  No ☐ Yes ☐

   If “yes”, please submit receipted Account.

   If “no”, estimated cost of replacement.  $ ___________________________

NO CLAIM BONUS - Your No Claim Bonus may be affected. Please contact us for further details.

EXCESS - If a policy excess applies, the Excess should be paid direct to the repairer.

Claim No. 

Policy No. 

Expiry Date ________ / ________ / ________

Excess $ ___________________________

Insurance Australia Limited  ABN 11 000 016 722  AFS Licence No. 227681  trading as SGIC

GPO Box 3978 Sydney NSW 2001  Telephone 132 818  Facsimile 132 648

Email RBIClaims@iag.com.au
DECLARATION

We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing our personal information to or collecting our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services

I declare that the foregoing particulars are true in every respect. I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy.

Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.

Note: A copy of the Privacy Policy is on our website www.sgic.com.au/privacy or can be sent to you by contacting us on 133 233.

The foregoing information is to the best of my knowledge and belief true in every respect. I hereby submit this information in support of my formal claim for indemnity under my Policy.

Signature of DRIVER ________________________________
Date ________________________________

Signature of POLICYHOLDER ________________________________
Date ________________________________

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